



Undergraduate Nursing Student Placement Roster

Directions: Complete and submit to the SFGH Student Placement Coordinator at the beginning of each clinical rotation.

School: _____ Course Name & Semester: _____

Instructor: _____ Beginning & End Dates of Clinical Rotation or Placement: _____

Instructor's Work/Cell Phone or Pager #: _____ SFGH Clinical Site(s): _____

Access to Medical Records by Students (Only if applicable) The following individual(s) has (have) been accepted for clinical placement at SFGH as part of an approved academic program and may have access to SFGH medical records:

Instructor Signature

Student Name (Last, First)	Home Phone	Unit	Check off day(s) of week that student will be on site. Variable (if applicable)							<input checked="" type="checkbox"/> Check = required forms submitted			
			Sat	Sun	Mo	Tu	We	Th	Fri	Undergraduate Student Placement Form	Undergraduate Nursing Student Placement Form	Photo Id (if not provided by school)	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

Students will be off on the following dates (e.g., holidays):

* If orientation not already completed, please provide date on which it is scheduled.