

**Tennessee Technological University  
Whitson-Hester School of Nursing  
NP Student Clinical Rotation Plan**

Student Name: \_\_\_\_\_

Tnumber: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Graduate Program: ☐ MSN    ☐ BSN to DNP    ☐ MSN to DNP    ☐ Other

Graduate Concentration: \_\_\_\_\_

What Clinical Course are you doing this plan for? \_\_\_\_\_

Date Clinical Placement was Approved: \_\_\_\_\_

### Preceptor Info

Name: \_\_\_\_\_ Clinic/Site Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Planned Clinical Dates and Times:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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