## **Student Preceptorship Prospectus Form**

1. Student Name:	
2. Session of Preceptorship:	Faculty Preceptor:
3. Date of Preceptorship (Specify the start and end dates of the project):	
4. Description of Preceptorship activities w	vith estimated dates of completion when applicable.
5. Estimate of <b>amount of time</b> to be devoted	each week to activity (minimum of 30 hrs total activity per
6. What will be <b>produced upon completion</b>	
7. Please circle <b>desired grading system</b> :	S/U or traditional letter grade (e.g. A,B,C)
8Student signature	date
9.	
Preceptor signature	date