

UMass Boston Graduate Student Preceptorship Agreement

Preceptorship agreement for:

UMass-Boston College of Nursing & Health Sciences course number:

NU

Effective from

to

Preceptor Name:

Title:

Areas/Units of Responsibility:

Agency Name:

Agency Address:

Agency Telephone:

Preceptor's Email Address:

Preceptor's Signature:

Date:

UMass Faculty Member: ***

Telephone: ***

Email: ****

Many thanks from your colleagues at CNHS!