

Date Submitted:

Student Name:

Student Email:

Year– Class of:

Proposed Preceptor:

Preceptor Title

Preceptor E-mail:

Preceptor Signature of

Approval:

Department/Discipline:

Site:

Proposed Dates:

# Of Hours Per Week:

Approved By:

Date:

Observerships refers to clinical experiences which fall outside of the scheduled curriculum and the academic Medical School year.

Submit to: Undergraduate Medical Education Office ([ugme@dal.ca](mailto:ugme@dal.ca))