

# Important Information

The University of Michigan School of Nursing  
Office of Multicultural Affairs

## Clinical Support Project Student Data Form

Date \_\_\_\_\_

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Ethnic Origin: African Am \_\_\_\_\_ Asian \_\_\_\_\_ Native Am \_\_\_\_\_  
Hispanic \_\_\_\_\_ White \_\_\_\_\_ Other Specify \_\_\_\_\_

Have you received clinical support from this project in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what course? \_\_\_\_\_

.....  
Support being requested for which course? \_\_\_\_\_

Course Coordinator \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Have you discussed the need for additional clinical support with your course coordinator and/or clinical instructor? \_\_\_\_\_

Briefly state the reasons that you are requesting clinical support:

Identify your goals and expectations for clinical support:

***\*Receiving clinical support does not assure passing the clinical course. The course coordinator, clinical faculty and clinical support nurse will determine evaluation and grading.***

Student Signature \_\_\_\_\_