

ELLIOT HEALTH SYSTEM
STUDENT LEARNING REQUEST FORM

Name: _____ Date: _____

Address: _____

Home Phone: _____ School Phone: _____

University, College, School/Address: _____

Field of Study: _____ Grad. BA/BS AD Other _____

Faculty Advisor: _____ Telephone: _____ E-mail: _____

Type of student activity being sought: _____

Total # of hours required: _____ Credits to be earned: _____ Semester dates: _____

Please attach a description of the internship objectives (course requirements), evaluation tool, and a brief description of the student's goals and personal learning objectives, and a current resume if available.

Dates/Times available for interview: (In person) _____ (Via telephone) _____

Skills: _____

Experience: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship _____

Address: _____ Telephone: _____

NOTE: This form is not an application for employment or for the privileges of employment. All requests are regarding non-paying internship positions. Every attempt will be made to provide an appropriate internship placement.

For interview, please have the following information available:

- **Verification of Tuberculin Test and documentation of results within 12 months prior to placement**

**Return form to: Joanne Welch, MS, RN
Director Nursing Practice and Education
c/o Elliot Hospital
1 Elliot Way
Manchester, NH 03103**

Interview:

Date: _____ **In person:** _____ **Via Telephone:** _____

Interviewer: _____ **Title:** _____

Recommendation for placement: _____ **Preceptor:** _____

Start date: _____ **Ending date:** _____

Schedule: _____

Comments: _____
