

UMass Boston Graduate Student Preceptorship Agreement

This preceptorship agreement for:

a UMass Boston College of Nursing & Health Sciences Graduate Student in NU _____

is in effect from:

to

Preceptor: _____

Title: _____

Areas/Units of Responsibility: _____

Agency: _____

Agency Address: _____

Agency Telephone: (____) - _____ - _____

Preceptor's email address: _____@_____._____

Preceptor's Signature: _____ Date: _____

UMass Boston Faculty Member: _____

Telephone: (____) - _____ - _____

Email: _____@_____._____

Many thanks from your colleagues at the CNHS!