

EXTERNSHIP REQUEST FORM

Please complete this form and submit with CV(s)

Name of Student: _____

Phone: _____ Email: _____

Name of School: _____

Start Date (externship): _____ End Date (externship): _____

Expected Number of Hours (weekly) to be Spent at Facility (DPU): _____

Will Any Non-DPU Persons be Joining You? _____

If yes, please send their CV to DePaul University's School of Nursing

Name of Contract Administrator: _____

Contract Administrator Phone: _____ Email: _____

Name of Facility Advisor: _____

Expected Learning Outcomes: _____

Signature (Student) _____ Date: _____

Signature (Facility/DPU) _____ Date: _____

Title: _____