Mayo Clinic Health System – Franciscan Healthcare

STUDENT ASSIGNMENT FORM

Nursing Program:_____ Date:_____ Clinical day #:_____of_____

Level of Students:_____ Hours on unit:_____

Instructor:_____ Phone Number:_____ Pager Number:_____

Student's Name	Primary RN	Patient Name and Room Number	Goals for day	Med Admin RN/Instructor

Notes:

Clinical Partner Student Liaisons: Rachel Genz @2-2897, cell 608-797-7224, text pager via SmartWeb, and Lisa Pedersen-Boske @2-2381