

GOVERNOR STATE UNIVERSITY
 Department of Nursing
 SUPERVISING STUDENT Preceptor TUITION WAIVER – 1 CREDIT HOUR

Preceptor tuition waiver for clinical supervision is granted to:

Name:	Student I.D.
Address:	
City, State:	Zip: Phone #:
Agency:	
Supervision Term: (check one) ___ Fall ___ Spring ___ Summer Session Year:	
Student Supervised:	
Registered for Course #:	Session:

Approval signatures:

Clinical Site Coordinator	Date:
Chairperson, Department of Nursing	Date:
Dean of the College of Health and Human Services	Date:

Date of Issuance - Note: This waiver authorization expires twenty-four (24) months from date of issuance

This waiver authorization is NON-TRANSFERABLE.

This waiver will cover (1) credit hour of instruction at GOVERNORS STATE UNIVERSITY. Waivers may be accumulated to a total of (3) credits. Includes tuition and mandatory fees only.

Please note that it is the responsibility of the recipient to notify the Nursing Department Chairperson when electing to use this waiver.

Return this form in its entirety to the Department of Nursing, Clinical Site Coordinator, who will secure the necessary approval signatures and forward the form to be posted. A copy of the completed form will be mailed to the recipient.

Office use only:

Original to Business Office
 Cc: Clinical Site Coordinator
 Department of Nursing