

**University of Washington School of Nursing  
Academic Services**

**NCLIN 599 – ADVANCED CLINICAL PRACTICE**

Student Name: \_\_\_\_\_ Quarter/year: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_ Credits: \_\_\_\_\_

**SECTION I:** To be completed by the student at the first of several student-faculty sponsor conferences during the quarter. Section 1 must be approved by the faculty sponsor **before** any clinical hours.

A. OBJECTIVES:

B. PLAN FOR ACHIEVING OBJECTIVES:

Approved:

\_\_\_\_\_  
*Sponsor's signature* *Date*

\_\_\_\_\_  
*Student's signature* *Date*

**SECTION II:** This section is to be completed by the faculty sponsor in conjunction with the student.

C. COMMENTS ON ACHIEVEMENTS:

**Final grade:** \_\_\_\_\_

\_\_\_\_\_  
*Sponsor's signature* *Date*

\_\_\_\_\_  
*Student's signature* *Date*

*Return this form to Academic Services (T-310) immediately after the final grade is awarded.*