Lehman College, CUNY

Department of Nursing

Graduate Clinical Attendance Log

Spring 2011

STUDENT NAME:	
COURSE NAME /NUMBER:	
PPRECEPTOR NAME (with titles)	
CLINICAL LOCATION/SITE/UNIT:	

Date	Time In	Time Out	Total Hrs.	Student Signature	Preceptor signature

PAGE TOTAL HOURS:	
THOE TOTAL HOURS.	