



Supplemental Forms

**Department of Tracks and Special Programs
Extra Credit Student Experience
Documentation**

Track Name: _____

Student Doctor: _____ Date: _____

Requested Approval of Activity

Specific Nature of the Activity: _____

Specific Location: _____

Name of Organization or Preceptor: _____

Course Director Approval: _____ Date: _____

Signature

Activity Completion

The above named student completed _____ hours on _____
under my or my organization's direct supervision. # hrs. Date of Activity

Printed Name of Preceptor or
Representative

Signed Name

Student must return this form to their Track Course Director when completed.