



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.**