



Request for USI Clinical Education Agreement

(Formerly Known as Memorandum of Understanding)

This is not the actual agreement. The actual agreement will be created using the information noted on this form. The agreement will be titled "Clinical Education Agreement," and it will be emailed to the person at the address noted below requesting their review and signature. USI must receive the signed agreement prior to approving the site for a student's clinical experience. Students are NOT at liberty to sign the agreement.

Part I: To Be Completed by Student

Student Name: _____

Student Email Address: _____

Student ID Number: _____ USI Course: _____ Term Taken: _____

Part 2: To Be Completed by Site Office Manager or Education Coordinator

Name of Site: _____

Name of Entity, if Site is Part of a Larger Entity: _____

Name of Owner/President/Director/CEO: (Person Who Would Sign Affiliation Agreements for the Site or Entity Listed Above)

Signer's Title: _____

Mailing Address: _____

City/State/ZIP/County: _____

Phone: _____ Fax: _____

Site Office Manager Contact Information

Name: _____

Phone: _____ Fax: _____

Email: _____

Email completed and legible form to USI1Nursing@usi.edu