Contractual Agreement for Course Completion
HSC 3801: Clinical Observation
Bachelor of Health Science Program

Enrollment Term for HSC3801:Semester_____ Year:_____

Student Name:_____ UF ID:_____

E-mail Address: _____ Telephone: _____

PHHP Faculty Supervisor Name: _____ Department: _____

E-mail Address: _____ Telephone: _____

Site Name: _____

Site Supervisor Name: _____

E-mail Address: _____ Telephone: _____

Course Information

Number of Credits/Hours to be Completed 1 Credit - 50 Hours

Journal Submission Frequency: _____

Paper Due Date: _____

Site Supervisor Evaluation Due Date: _____

Objectives (please list a minimum of 3 objectives and be specific):

I understand that I must satisfactorily meet my objectives and complete all course requirements by the dates listed on this form to receive 1 credits for this course.

_____ _____

Student Signature Date

_____ _____

PHHP Faculty Supervisor Signature Date

THIS FORM MUST BE ACCOMPANIED BY A LETTER FROM THE SITE SUPERVISOR CONFIRMING THE HOURS INDICATED. A COPY OF THE FORM AND LETTER WILL BE KEPT IN YOUR STUDENT FILE.