Weber State University Respiratory Therapy Department

CLINICAL PRECEPTOR/LAB ASSISTANT LOG SHEET

Tuition Waiver ☐ **Instructional Non-Credit Pay** ☐

Name: _____ W Number: _____

Facility: _____ Current Semester: _____

Semester for Tuition Waiver: _____

Date	Student's Name	Time in	Time out	Total	WSU Campus	Shift Supervisor	Course (official use)

Semester Total	

_____
Department Manager

_____
Program Chair
or
Director of Clinical Education

Sep-10