WEBER STATE UNIVERSITY
Dumke College of Health Professions

ANNIE TAYLOR DEE SCHOOL OF NURSING

LOG SHEET FOR CLINICAL FACULTY (PRECEPTORS) PRECEPTING HOURS

USED FOR TUITION REIMBURSEMENT

Preceptor Name: _____ Preceptor W#: _____

Dates of precepting: from: _____ to _____

Name of Clinic/Facility: _____

Preceptee (student) Name: _____

Student's Program: ☐ ADN ☐ MSN ☐ DNP

What semester should the tuition waiver be applied?*: ☐ Spring ☐ Summer ☐ Fall

Dates of Precepting	**Unit** *(i.e. ICU)*	**Hours** *(i.e. 0700 to 1900)*	**Total hours for the day**
		Total hours of precepting:	

Clinical Faculty (Preceptor) signature: _____ **Date:** _____

WSU Instructor signature: _____ **Date:** _____

Department signature: _____ **Date:** _____

Return completed form at least 10 days prior to tuition payment deadline to:
Maleesa Morris
maleesamorris@weber.edu

**Please note:*

- *If you are precepting in fall semester, your tuition waiver must be used for the subsequent spring semester*
- *If you are precepting in spring semester, your tuition waiver may be used for the subsequent summer or fall semester*
- *If you are precepting in summer semester, your tuition wavier must be used for the subsequent fall semester*