

UW Medicine | Valley Medical Center  
Student Placement Request

Organization Name:

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Name/Role/Email Address of Program Coordinator:

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Student Type (i.e. senior practicum, clinical, capstone, etc.)	Department/ Specialty	# of Students	Start Date and End Date	Required number of hours or experiences for the rotation	Preceptor Prerequisites (i.e. degree level, years of experience in specialty, etc.)	Class Description/Objectives

