

Supplemental Work-Integrated Learning Experience Approval & Communication Form

Refer to Supplemental Work-Integrated Learning Experiences Policy for instructions to complete form.

<p>A. Practice Course and Section: (Example: 19WN NSG 2263 C01)</p>	
<p>B. Practice Instructor(s):</p>	
<p>C. Description of Proposed Activity:</p> <p><i>*Explain relevance to current WIL placement and course</i></p> <p><i>*Use back of form if more room required</i></p>	
<p>D. Proposed Dates/Times of Activity: (If on-going, proposed rotation/frequency of activity)</p> <p><i>*Ensure all students have equal opportunity to participate</i></p> <p><i>*Use back of form if more room required</i></p>	
<p>E. Approval Received from Practice Coordinator (LC) or Assistant Dean – Nursing (U of L):</p>	<p>Date approval received:</p>
<p>F. Approval Received from Manager of practice site for Supplemental WIL experience:</p>	<p>Date approval received:</p>
<p>G. Name of individual(s) providing supervision during Supplemental WIL experience:</p>	

REMINDER: Send completed form to practice site Manager AND Practice Coordinator (LC) or Assistant Dean – Nursing (U of L) prior to the commencement of Supplemental WIL experience.