

## 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	*Student signature	WSU Campus	Shift Supervisor	Course (official use)

Semester Total	
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\_\_\_\_\_  
Program Chair/Director of Clinical Ed.

\_\_\_\_\_  
Preceptor's Department Manager

\_\_\_\_\_  
Preceptor

\*Student must sign at end of each shift