

## Clinical Hour Verification Form

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### STUDENT INFORMATION

STUDENT NAME

FACULTY ADVISOR

COLLEGE/UNIVERSITY

SPECIALTY PROGRAM

ENTRY TO PROGRAM

GRADUATION DATE

### CLINICAL HOUR INFORMATION

Clinical hours from previous Master of Science degree in Nursing and/or certificate programs:

COURSE NUMBER

COURSE TITLE

CLINICAL HOURS

COURSE NUMBER

COURSE TITLE

CLINICAL HOURS

COURSE NUMBER

COURSE TITLE

CLINICAL HOURS

COURSE NUMBER

COURSE TITLE

CLINICAL HOURS

COURSE NUMBER

COURSE TITLE

CLINICAL HOURS

COURSE NUMBER

COURSE TITLE

CLINICAL HOURS

COURSE NUMBER

COURSE TITLE

CLINICAL HOURS

TOTAL HOURS

### AUTHORIZATION

PRINTED NAME

TITLE

SIGNATURE

DATE

**MAIL OR FAX COMPLETED FORMS TO**  
**Clarkson College Admissions Office**  
101 S 42 Street Omaha, NE 68131 fx 402 552 6165