



Hospital for
Special Care

Nursing Student/Instructor Demographic Information Sheet

Directions: Print out this form. Complete and bring to your first day of clinical at HSC. Your instructor will collect this document.

School: _____

Expected Graduation Date: _____ **Type of degree program:** _____

Clinical Instructor Name: _____

Unit assigned for Clinical: _____

Dates of Clinical Rotation: _____

Hours of Clinical Rotation: _____

Student Name: _____

Home Address: _____

Address while at school (if different from Home Address):

Contact Information:

Phone (cell): _____

Phone (other): _____

e-mail: _____