UNIVERSITY OF SOUTH ALABAMA

College of Nursing
5721 USA Drive N. #3061
Mobile, Alabama 36688-0002
Attn: Clinical Affairs

LETTER OF NOTIFICATION
AND APPRECIATION

The purpose of this letter is to notify and thank _____ for
(Agency Name from Master Affiliation List / Current Name if Different)

providing learning opportunities for _____ student,
(Nursing Specialty / Program)

_____. This agreement between the University of South Alabama and
(Student Name)

_____ will be effective from _____
(Agency Name) (Beginning Date)

through _____.
(Ending Date)

_____
Student Signature **Date**

_____
Student Name – Typed only
Address: _____
_____
Telephone: _____
Email: _____

_____
Preceptor Signature **Date**

_____
Preceptor Name – Typed only
Address: _____
_____
Telephone: _____
Email: _____

_____
USA Appropriate Official Signature **Date**

_____
USA Appropriate Official Name – Typed only
Address: USA College of Nursing
5721 USA Drive North
Mobile, AL 36688-0002
Telephone: _____
Email: _____

_____
Appropriate Agency Official Signature **Date**

_____
Agency Official Name *and Position* – Typed only
Address: _____
_____
Telephone: _____
E-mail: _____

TT/cf
11/17/17