

Policy U-4  
FLORIDA STATE UNIVERSITY  
COLLEGE OF NURSING

Page 1 of 1

**TITLE: CLINICAL PRIORITY**

**POLICY:** Faculty have the prerogative to make clinical assignments when necessary and will consider students who wish priority placement in a clinical group. To assist faculty the following priorities have been established:

1. Student caring for a child or a disabled adult.
2. Student participating in university activities such as athletics, band, circus, or ROTC.
3. Student holding state or national office in a professional nursing organization.
4. Student experiencing undue hardship (as deemed by faculty).

**RATIONALE:** Clinical experiences for students are arranged so that the opportunity for each student is maximized.

**PROCEDURE:**

1. A student requesting priority placement in a clinical group is to submit in writing a request to the Undergraduate Clinical Coordinator prior to the registration period for the course in question.
2. These persons meeting the criteria will then be pre-registered in an appropriate clinical setting.

Approved by:	Management Team	6/6/02	3/03/04	
	Faculty		3/26/04	4/18/08
	Dean		4/01/04	4/18/08

Policy U-4  
FLORIDA STATE UNIVERSITY  
COLLEGE OF NURSING  
Attachment #1

Clinical Priority Request

Clinical experiences for students are arranged so that the opportunity for each student is maximized. While the College of Nursing faculty recognize student's desire to select clinical groups, the faculty retain the prerogative to change assignments when necessary. To assist the process guidelines have been established.

1. Student caring for a child or a disabled adult
2. Student participating in university athletics, band, circus or ROTC
3. Student holding state or national office in a professional nursing organization.

Based on this policy, I am making a request for priority in clinical placement.

Name \_\_\_\_\_

Course for which priority is requested \_\_\_\_\_

Semester \_\_\_\_\_

Reasons for request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lab group # requested \_\_\_\_\_

Signature \_\_\_\_\_

Date submitted \_\_\_\_\_

Submit form to: Undergraduate Program Assistant  
Duxbury Hall