**Undergraduate Preceptor Contract & Registration Form**



**Student Name:** Click or tap here to enter text. **Student ID#** Click or tap here to enter text.

**Course to be preceptored (course prefix and number):** Click or tap here to enter text.

**Semester and Year:** Click or tap here to enter text. **Instructor Name:** Click or tap here to enter text.

**Number of Units (1-3):** Click or tap here to enter text. **\***Each unit requires 45 hours of work (average 3 hours/week during the regular semester.) A maximum of 3 units can be earned in any given semester, and a max of 12 units or 4 enrollments (whichever comes first) may be applied toward degree requirements.

1. I agree to attend class regularly and to be prepared to lead assigned in-class activities. I will make myself available to assist students both in the classroom and in non-class times (as arranged with instructor) for study sessions.
2. I agree to complete course readings and class assignments ahead of time (as needed), so that I will be prepared to help others with the work. I understand that my accelerated completion of readings and assignments, as well as my mastery of the course material needed to help my fellow students, will be one measure of the fulfillment of my preceptor contract.
3. I agree to submit weekly e-mail or hard copy reports to (instructor) about how the class is going and how students are dealing with the activities, assignments, readings, quizzes, and exams. I understand that the timeliness, thoroughness, and quality of these required reports will be one measure of the fulfillment of my preceptor contract.
4. I will treat students in the class who come to me for help and advice with courtesy and respect, but I understand that I do not have to force help on students who do not want it.
5. I understand that my role is not to give answers to students, but to help them find their own solutions to problems.
6. I understand that sometimes I will not know how to address a student's problem. For situations beyond my level of expertise, I will personally see that the student gets appropriate attention from the graduate assistant or instructor.
7. I understand that the instructor and GTA are committed to making the preceptorship an educational and rewarding experience for me. I will reciprocate by using every opportunity to make my experience as a preceptor a positive learning experience.
8. I have received a copy of the “Undergraduate Preceptor Evaluation Form,” and understand the criteria that will be used to evaluate my performance and the awarding of credit.
9. **I understand that the following specific conditions or duties apply to my preceptor experience in this course. This includes expectations for course attendance, course preparation, additional required meetings/office hours, and general responsibilities in and out of the classroom**. **This section must be completed**.

Click or tap here to enter text.

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap here to enter text.

**Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap here to enter text. **Return completed form to Rebecca Field in Drachman Hall B107, or email clearly scanned copy to** [**rmitch@arizona.edu**](mailto:rfield@pharmacy.arizona.edu)**, in order to be registered. Forms must be submitted by the second week of the semester in which credit is being awarded.** *Revised 3/18/21*

**For Office Use Only:  
Advisor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Section Add Request Date: \_\_\_\_\_\_\_\_ Student Enrolled Date: \_\_\_\_\_\_\_\_\_\_\_\_ Student Contacted Date: \_\_\_\_\_\_\_\_\_\_\_**