



Initiation Request for USI Memorandum of Understanding

This is not the actual agreement. The actual agreement will be created using the information noted on this form. The agreement will be titled Memorandum of Understanding and will be mailed to the person at the address noted below requesting their review and signature. USI must receive the signed agreement prior to approving the site for a student's clinical experience.

Part 1: To be completed by Student

Student Name _____

Student Email Address _____

Student ID Number _____ **USI Course** _____

Part 2: To be completed by Site Office Manager or Education Coordinator

Name of Site _____

If site is part of a larger entity

Name of Entity _____

Name of Owner/President/Director/CEO, person who would sign Affiliation Agreements for the site

or entity listed above _____

Title of signer _____

Mailing Address _____

City/State/Zip/County _____

Phone _____

Fax _____

Site Office Manager Contact Information:

Name _____

Phone _____

Fax _____

Email _____

Fax, or scan and email completed and legible form to:
College of Nursing and Health Professions
Attn: Senior Administrative Assistant HP 2068
University of Southern Indiana

Fax (812) 205-2798 ~ Email: USI1Nursing@usi.edu