



VIRGINIA COMMONWEALTH UNIVERSITY
SCHOOL OF MEDICINE

INDEPENDENT OR READING PROJECT PROPOSAL

Virginia Commonwealth University

NAME _____

CLASS OF _____

TIME PERIOD(S) _____

What are you planning on doing with the preceptor?

(All independent projects require preceptor's signature)

Preceptor's Endorsement

Having read and discussed this proposal with the student, I hereby agree to serve as his/her preceptor.

Signature of Preceptor Department Date

