

Office of the Dean

Applicant name:			
Hospital observation:			
Surgery observed:			
Date of Observation:			
procedure. The Master of Scien	gn below indicating the applicant l nce program in Cardiovascular Sci port of the application process and	ence and Perfusion Medici	
Clinical Site Coordinator/CCP:			
Name	Signature	Date	
Potential Student:			
Name	Signature	 Date	

The potential applicant must meet any requirements of the host hospital for clinical observation.