

**Clinical Coordinator
Request for Clinical Contract**

Please provide as much of the following information as possible when requesting contracts. Contact person's email address is very helpful!

Date: _____

Faculty/Dept. Requesting Contract: _____

Name of Agency: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Attention*:** _____

E-Mail Address*:** _____

**Name and Title of Person
Responsible For Signing Contract:** _____

Date Contract Needs to be in Place: _____

Return to Contracts Clerk: _____

Name of Student: _____

Date of Internship: _____

Contracts – College of Allied Health Sciences

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