**UNIVERSITY OF SANTO TOMAS**

**COLLEGE OF NURSING**

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**REPORT OF CLINICAL EXPERIENCE GRADE**

**CLINICAL AREA CLINICAL INSTRUCTOR/S**

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| **Name Of Student** | **Yr. & Sec.** | **Type of Exp.** | **No. of Weeks** | **Grade** | **Remarks** |
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**SIGNATURE**

**Date Submitted:**

**Clinical Instructor**

**Received by:**

**Clinical Instructor**