

Nell Hodgson Woodruff School of Nursing  
Emory University  
PhD in Nursing Program

**RESEARCH/CLINICAL RESIDENCY  
CONTRACT**

**STUDENT NAME:** \_\_\_\_\_

**COURSE NUMBER AND NAME:** \_\_\_\_\_

**DATES OF RESIDENCY:** \_\_\_\_\_

**CREDIT:** \_\_\_\_\_

**OVERALL PURPOSE:** \_\_\_\_\_

\_\_\_\_\_

**OBJECTIVES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTIVITIES: (Describe specific learning activities and potential time frame for accomplishing)**

\_\_\_\_\_

\_\_\_\_\_

**DESIRED PRODUCTS/OUTCOMES (to include specific papers, abstracts, presentations and accountability for evaluation):** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURES:**

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Faculty Advisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Research Residency Mentor (if not advisor)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Doctoral Program Coordinator**

\_\_\_\_\_  
**Date**