

### DrPH HPAL PUBH 8684 Program Practicum Agreement

Complete ALL INFORMATION, then submit the completed agreement to the Department of Public Health Internship Coordinator with copy to PUBH 8684 Course Instructor.

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#### Student Information

Name: \_\_\_\_\_ Banner ID #: \_\_\_\_\_

Email: \_\_\_\_\_

#### PUBH 8684 Course Information

Semester and year for which you are REGISTERING for the practicum

Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Hours per week on-site: \_\_\_\_\_ Start date of the practicum: \_\_\_\_\_

End date of the practicum: \_\_\_\_\_

Midpoint Review date with Field Supervisor: \_\_\_\_\_

Final Evaluation date & Final Presentation: \_\_\_\_\_

Practicum Site (agency name, department, division, etc.): \_\_\_\_\_  
\_\_\_\_\_

Practicum Site Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

#### Field Supervisor Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_