



Public Health Practicum (PH 7985)

Student Placements

SEMESTER IN WHICH YOU WILL **BEGIN** YOUR PRACTICUM _____

Student name: _____

Cell phone: _____

Email: _____

MPH Concentration (Biostat, Epi, Urban Health, SBS, Generalist)

Do you already have a Practicum Placement?

YES:

Location:

Preceptor:

Preceptor's email address

Brief Description of Project (2-3 sentences)

NO:

1st Choice placement: _____

2nd Choice: _____

3rd Choice: _____

Dates you wish to conduct your 200-hour practicum: (e.g. May 15- August 15):

Preferred Days/Hours: _____

Other considerations: _____

** Please note that we will match your requests with agency needs. While we cannot guarantee that you will be placed in your top choices for the Practicum experience, we will try our best to accommodate your request.