

University of Florida
Special Project Proposal
Master of Public Health Program

THIS FORM MUST BE TYPED!

Directions: Please complete the ENTIRE application form before submitting. Incomplete or handwritten applications will be automatically returned to the student unless prior arrangements have been made.

STUDENT INFORMATION

Name: _____ Concentration: _____

UFID: _____

Home Mailing Address **During Special Project:**

Street _____ Apt. # _____ City _____ State _____ Zip _____

Home Phone # () _____ Email Address: _____

PROJECT INFORMATION

Course *and* Section Number: _____ (see Brigette Hart) Course Credits: _____

Type of Special Project (please circle one): **Internship** **Research**

Semester/Year Desired: _____ Final Report Due Date: Public Health Day

Project Title: _____

Do you have reliable transportation? YES NO

Do you have any disabilities that might hinder your performance during your project? YES NO

If yes, please explain: _____

Does this site require a formal contract to be signed prior to beginning internship? YES NO

Are you required to have insurance as result of participation in this project? If so, please CIRCLE all that apply:

Personal Accident Insurance Personal Liability Insurance Health Insurance Other: _____

PROJECT SUPERVISOR/AGENCY INFORMATION

Organization Name: _____

Supervisor's Name *and* Credentials: _____

Street _____ Apt. # _____ City _____ State _____ Zip _____

Phone # () _____ Fax # () _____ Email: _____

PROJECT WORK PLAN (Attach project information and work plan/proposal)

Your project work plan/proposal should include the following:

INTERNSHIP

- *Internship/practicum Organization*—the purpose, mission or goals of the organization and the population(s) they serve, especially the organization’s public health programs or projects.
- *Student’s Goals & Objectives*—include learning objectives for all projects and activities you will be working on during your internship/practicum.
- *Significance*—how does your project relate to public health? Why is your project of significance to public health? How will you evaluate the effectiveness of your project?
- *Methods*—describe the methods (focus groups, analysis of archival data, policy analysis, etc.) you will use to carry out your project(s).
- *Timeline*—include a timeline for completion of each project or activity. If a particular assignment or activity will be on going, please indicate. Be as specific as possible.
- *Role of Participating Parties*—describe the roles of your site supervisor and teammates (if applicable).

RESEARCH

- *Topic*—why is your research an important public health issue and should be studied. Essentially, this is your research question(s).
- *Background*—outline the parameters of the literature review you will conduct to show what is currently known and what the gaps are in this area.
- *Methods*—how will you examine the issue to answer your research question(s), i.e. sources of data, data collection, types of analysis you will conduct, etc?
- *Roles of Project Supervisor*—describe the roles of your project supervisor and organization.
- *Timeline*—include a timeline for completion of major task, i.e. literature review, data collection, database set-up, analysis, drafts to turn in for feedback, etc.

IRB APPROVAL

Will you be collecting data from human subjects? YES NO

Is IRB approval necessary? YES NO Obtained? YES NO If no, please explain: _____

Is any other approval necessary? YES NO If yes, please explain: _____ Obtained? YES NO

SIGNATURES

By signing below, the participating party indicates that s/he has read and approved the student’s Special Project attached work plan/proposal.

Student Signature & Date

Project Supervisor Signature & Date

Supervisory Chair Signature & Date

Assistant Director Signature & Date