

PROPOSAL FOR PRACTICUM/SUPERVISED RESEARCH PROJECT
Master of Public Health Program
University of Florida

INSTRUCTIONS: Please type or print neatly on this form and type any attachments before submitting this proposal. Before registering for a Practicum or Supervised Research Project, students must submit this form and a project work plan, and obtain all signatures below. The original form with signatures and project work plan shall be retained in the MPH Program office. As a general guideline, each semester hour of credit requires approximately 48 clock hours of activity by the student.

STUDENT INFORMATION:

UFID: _____

Name: _____ Concentration: _____

Address: _____ Home Telephone: _____

City/State/Zip Code: _____ Work Telephone: _____

Email: _____

PROJECT INFORMATION:

Course Requested: _____ Section Number: _____ Credit Requested: _____

Semester/Year Desired: _____ Final Report Due Date: _____

Project Title: _____

PROJECT DESCRIPTION: (Attach a description of the organization, purpose and goals of the project, clock hours required, timeline, and methods for evaluating achievement of your goals.)

SIGNATURES:

Student Date

Supervisory Committee Chair Date

Faculty Mentor (Research) Date

On-site Supervisor (Practicum) Date

Assistant Director Date