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**STONY BROOK UNIVERSITY**

**Program in Public Health**

 **Master of Public Health (MPH) Degree**

**Form C: Practicum Proposal**

|  |
| --- |
| Name of Student:  |
| Practicum Title:  |

**Will this Practicum be conducted in partnership with a community group or organization in addition to the Preceptor’s organization?** [ ]  **Yes** [ ]  **No**

 **If yes, please name the organization.**

**Please attach Practicum Proposal -** See **Practicum Manual** for Instructions

**Statement of Commitment:**

**Student:** I am committed to completing the Practicum project outlined in this Practicum Proposal, under the supervision of the Preceptor and Faculty Supervisor named below.

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**Student’s Signature Date**

**Preceptor, Faculty Supervisor & Practicum Coordinator**: I agree to provide guidance to the student regarding the Practicum described in this proposal and to evaluate the performance of the student upon completion of the Practicum.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Preceptor’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **2nd Preceptor’s Signature (if applicable) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Supervisor’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Practicum Coordinator’s Signature Date**

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