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**STONY BROOK UNIVERSITY**

**Program in Public Health**

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

**Form D: PRACTICUM LOGBOOK**

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| Name of Student:  |
| Practicum Title:  |
| Total # of hours \_\_\_\_Student’s Signature: Date:  |
| Date | Start Time | End Time | Hours | Activities |
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Note: Use as many sheets as necessary to log your hours.