

STONY BROOK UNIVERSITY
Program in Public Health
Master of Public Health Degree Program

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.

Practicum Proposal starts here - 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.

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