



PRACTICUM INFORMATION FORM (for GCH 790)

Today's Date: _____

I. Student Information

Student Name: _____ G#: _____

Student GMU Email Address: _____

Semester to register for practicum: 20____ Fall Spring Summer

- Program: MS in Global Health MPH – Global and Community Health
 Certificate in Global Health MPH – Epidemiology
 Certificate in Public Health Certificate in Epidemiology

II. Organization Contact Information

Organization Name: _____
Site Supervisor Name: _____
Site Supervisor Title: _____
Physical Address: _____
Telephone: _____
E-mail: _____

III. Attachments

Students should work with their site supervisor and the practicum instructor to develop a job description, work schedule, and three practicum objectives, all of which must be attached to this form and approved by the site supervisor and practicum instructor.

- Internship Job Description and work schedule
 3 Practicum Objectives

IV. Signatures

Student signature _____
Site Supervisor signature _____
Practicum Instructor signature _____