

Mark the appropriate box:

- Fieldwork only
- \*Project only
- \*Fieldwork & Project Combined

**MPH PRACTICUM APPROVAL FORM**  
**College of Health and Human Performance/Department of Health Science**  
**Master of Public Health (MPH) Program**

GRADUATE COMMITTEE APPROVAL

for

Student Name \_\_\_\_\_

*The MPH practicum proposal has been read by each member of the graduate committee listed below. The proposal was discussed adequately and currently reflects all changes that were negotiated in the meeting. The student now has permission to commence work on the MPH Practicum (fieldwork experience, graduate project and final paper).*

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
MPH Director

\_\_\_\_\_  
Date

***Committee Chair:*** Submit this completed form with a copy of the final MPH Practicum Proposal to the Graduate Secretary (214 RB).