**The University of Montana MPH Practicum Approval Form**

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| **Student Name and UM ID** | Address | E-mail, Phone, and Fax |
|  |  |  |
| **Site Mentor Name and Title** | Address | Email, Phone, Fax |
|  |  |  |

**Date, Time & Location of Practicum Presentation**

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**Final Title of the Practicum**

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**Project Summary/Abstract**

Provide a one paragraph summary of the purpose of the practicum experience and the major accomplishments.

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**Certification of Hours**

Signature indicates certification that 200 hours were completed in compliance with the Practicum Guidelines.

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| Student  | Date |

**Signatures of Approval**

Signature indicates approval of the practicum written document and that the practicum project meets the academic requirements of the SPCHS MPH program.

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| Practicum Academic Mentor  | Date |
| Site Mentor | Date |
| 3rd Member | Date |
| Student | Date |

**The student must provide the SPCHS program coordinator the following materials before academic credit is awarded.**

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| Signed Practicum Approval Form |  | Electronic version of final practicum written document |  |
| Evidence of Public Presentation (flier) |  | Electronic version of slides |  |