Student Name:______________________  Campus Wide ID (CWID):____________________

Cell Phone: ______________________  Email:______________________________

Preceptors Name:____________________  Title:_______________________________

Phone: ____________________________  Email:______________________________

Practicum Site & Address: __________________________________________________

Beginning Date:____________________  Ending Date:_________________________

Experience (circle one):  Paid   Unpaid

Please provide a brief description of your purpose during this practicum:_______________

____________________________________________________________________________

____________________________________________________________________________

Describe 2 – 4 learning objectives that will underlie the ability to achieve the overall goal of this practicum. These objectives should be unique learning experiences that support and reinforce classroom learning in the MPH curriculum. Learning objectives should be agreed upon between the student and the preceptor and allow the faculty advisor, as well as the practicum preceptor a clear set of guidelines to support the student in his/her practicum experience.
Tips for writing learning objectives: learning objectives should follow a similar format, stating the skill statement a student should be able to accomplish after a specified activity. Skill statements should include words like demonstrate, analyze, synthesize, develop, et cetera. Activity statements should be brief and describe the actions the student will be completing to achieve learning objective.

1. Learning Objective:______________________________________________________

   Activities:_____________________________________________________________

   _______________________________________________________________________

2. Learning Objective:______________________________________________________

   Activities:_____________________________________________________________

   _______________________________________________________________________

3. Learning Objective:______________________________________________________

   Activities:_____________________________________________________________

   _______________________________________________________________________

4. Learning Objective:______________________________________________________

   Activities:_____________________________________________________________

   _______________________________________________________________________
Approval Signatures:

Faculty Advisor:_____________________________ Date:______________

Preceptor:_____________________________ Date:______________

Student:_____________________________ Date:______________

*Students*: Please submit this completed document to the MPH Director with an electronic copy of your preceptor’s resume. The preceptor should be the person who directly supervises your practicum experiences and acquisition of your learning goals.