Department of Health Promotion, Education, and Behavior
DrPH Practicum Notification Form

Practicum Presentation ________ Practicum Report Submitted ________

To be completed by the advisor/committee chair for each student who successfully completes the DrPH practicum requirement.

Name of Student: ________________________________

VIP ID: ________________________________

Date of presentation: ________________________________

Date report submitted: ________________________________

Title:
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Rating: To be completed jointly by faculty practicum advisor and preceptor

  Writing skills: Outstanding ______ Above average ______ Average ______ Below average ______
  Presentation skills: Outstanding ______ Above average ______ Average ______ Below average ______

Comments:
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Advisor/Chair Name: ________________________________

Signature & Date: ________________________________

Please return completed form to Casey Goldston-Giraudy.

____________________________________________________________________________________________________________________

Graduate Director ________________________________ Date ______________