

Proposal Form

170:299 – The Practicum Experience

This form must be submitted for approval by the Practicum Office prior to the start of the Practicum.

A. STUDENT INFORMATION

Student Name	
Student Email	
Subtrack/Focus Area	
Academic Advisor Name	
Semester of Practicum Course Registration	
Estimated Semester of Practicum Completion	
Date of Meeting/Phone call with Course Faculty to discuss course/proposal (required)	
Meeting with which Course Faculty member	

B. PRECEPTOR INFORMATION (Attach a copy of Preceptor's resume or vita.)

Preceptor Name & Address	
Preceptor Title	
Preceptor Organization	
Preceptor E-mail address	

C. PROJECT INFORMATION

Project Title	
Project Organization/Agency (be specific) & Address	

- Check here if you will be applying for Human Subject's Office/Institutional Review Board approval. A copy of the IRB approval will need to be submitted to the Course Director when received.
- Check here if you grant permission to The College of Public Health to share your Practicum course materials with other students and inquiring preceptors, including the proposal form and accompanying description, the written report and appendices, and presentation materials including PowerPoint slides and photos of poster displays.

D. NAMES AND DATES OF PROJECT PARTICIPANTS

This application must be approved by the Student, Preceptor and Practicum Office (in that order).

Student	
Date	

Attach a 1-2 page description to this form before submitting for signatures. See Proposal Guidelines section in Course Syllabus for details.

The names below denote approval of the Proposal:

Practicum Preceptor	
Date	

Practicum Faculty	
Date	

Comments:

Submit form to: Practicum Office, 5202 Westlawn, or via email to mph-practicum@uiowa.edu or fax to 319-335-8341.

Copies of this completed form will on file in the Practicum Office.