

Financial Support Request Public Health Practicum

1. **Name** (please print): _____ **UID:** _____

Address: _____
Street City State Zip

2. **MPH Program:**

_____ DVM/MPH	_____ Biostatistics	_____ CBH
_____ Ergonomics	_____ Environmental Health	_____ Epidemiology
_____ Health Comm	_____ General MPH for Professionals	
_____ MSN/MPH	_____ JD/MPH	_____ MD/MPH
	_____ PharmD/MPH	_____ Policy

3. **Location of Practicum experience:** _____

4. **Dates of attendance:** _____

5. **Anticipated Expenses:**

Travel: \$ _____ Lodging: \$ _____

Other (specify): \$ _____

6. **Other Sources of funding:** _____

7. **Have you received funding from the MPH Program in the past?** ☐ Yes ☐ No

8. **Please describe how your travel will enhance your practicum experience [Use other side as needed].**

9. **Please attach a copy of your signed practicum proposal.**

Please note:

*This form is to be completed and delivered to the MPH Program office at least one month prior to the practicum experience.

*Students who receive funding for the practicum agree to share their experience with other MPH students during an upcoming MPH Seminar.