

CPH:3750 Service Learning in Public Health
Application Form

STUDENT INFORMATION

Student Name:

UI GPA:

Email:

UID

Number:

Hours

Earned:

Phone:

COURSE INFORMATION (attach course syllabus via email)

Course Number:

Course Name:

Course Instructor:

Semester/Year of

Enrollment:

Describe how this course relates to public health. Be specific.

What are your personal goals for this experience?

What skills do you want to learn or practice?

How will this experience help you to achieve your future educational goals? Be specific.

How will this experience help you to achieve your future career objectives? Be specific.

Are there other activities related to this course that you did not cover in the previous questions?