

## SPH5005 PRACTICUM PROPOSAL

### PARTICULARS OF STUDENT

FULL NAME:		STUDENT NO.:	
EMAIL:		CONTACT NO.:	
SPECIALISATION:		Occupational & Environmental Health	STATUS: Full-Time Part-Time
SEMESTER: 1 2	ACADEMIC YEAR: 20____ / 20____		
TENTATIVE TOPIC:			
PROPOSED PERIOD OF PROJECT*:	____/____ (MM/YYYY) TO ____/____ (MM/YYYY)		
ACADEMIC ADVISOR:			
PRACTICUM SUPERVISOR:			
PROPOSED CO-SUPERVISOR (IF APPLICABLE):	TITLE/ NAME:		
	DESIGNATION:	ORGANISATION:	
<b>PLEASE ATTACH BRIEF DESCRIPTION OF PROJECT, INCLUDING THE FOLLOWING:</b>			
<ul style="list-style-type: none"> <li>● Background/ Introduction and Public Health Significance</li> <li>● Specific aims/ Hypotheses/ Objectives/ Research question or statement of the issue to be addressed</li> <li>● Methodology</li> <li>● Relevant references</li> <li>● Comments on feasibility, if there are any conditions to be fulfilled before the project can be conducted</li> <li>● Timeline and work plan: from proposal submission to practicum report submission</li> <li>● Budget</li> </ul>			
* The period of project should be within the following recommended periods			
<ul style="list-style-type: none"> <li>● Full / Part-Time candidates: 2 Semesters from date of module registration (Approval is required for extension of duration).</li> </ul>			
			SIGNATURE OF STUDENT/ DATE

### FOR OFFICIAL USE

COMMENTS (IF ANY):	SUPPORTED	NOT SUPPORTED
	SIGNATURE OF PRACTICUM SUPERVISOR/ DATE	
COMMENTS (IF ANY):	APPROVED	NOT APPROVED
	SIGNATURE OF MODULE COORDINATOR/ DATE	

### TO BE COMPLETED BY EDUCATION OFFICE

DATE RECEIVED:		
UPDATED IN PRACTICUM LIST:	YES	NO
UPDATED IN SYSTEM:	YES	NO
NAME/ SIGNATURE / DATE		