

SPH5005 PRACTICUM FINAL REPORT: SUPERVISOR'S ENDORSEMENT FORM

PARTICULARS OF STUDENT

FULL NAME:		STUDENT NO.:	
EMAIL:		CONTACT NO.:	
SPECIALISATION: Occupational Health		STATUS: Full-Time Part-Time	
SEMESTER: 1 2	ACADEMIC YEAR: 20____ / 20____		
PRACTICUM TOPIC:			
PERIOD OF PROJECT:	____/____ (MM/YYYY) TO ____/____ (MM/YYYY)		
PRACTICUM SUPERVISOR:			
<p>I declare that I have informed NUS-IRB / SSHSPH DERC that my study has closed. Please attached the following documents with this form:</p> <ul style="list-style-type: none"> • Study closure acknowledgement • Collaborative Institutional Training Initiative (CITI) programme certificate <p>Sharing of practicum deliverables with future students</p> <p>I understand that my presentation slides and final report may be used as reference. I would like to opt out with the following reasons:</p>			
			SIGNATURE OF STUDENT/ DATE

TO BE COMPLETED BY PRACTICUM SUPERVISOR:

COMMENTS (IF ANY):	
	SIGNATURE OF SUPERVISOR/ DATE

TO BE COMPLETED BY EDUCATION OFFICE

DATE RECEIVED:	
CONTENTS CHECKED: YES NO	
	NAME/ SIGNATURE / DATE

TO BE COMPLETED BY MODULE COORDINATOR (if necessary):

COMMENTS (IF ANY):	
	SIGNATURE OF MODULE COORDINATOR / DATE