

SPH5801 PROPOSAL FOR FIELD PRACTICE

PARTICULARS OF STUDENT

FULL NAME:		STUDENT NO.:	
EMAIL:		CONTACT NO.:	
		STATUS:	Full-Time Part-Time
ACADEMIC ADVISOR:			
FIELD PRACTICE SUPERVISOR:			
ORGANISATIONAL MENTOR:	TITLE/ NAME:		
	DESIGNATION:	ORGANISATION:	
PROPOSED SEMESTER: 1 2	ACADEMIC YEAR: 20 ____ / 20 ____		
PROPOSED PERIOD OF PROJECT*:	____/ ____ (MM/YY) TO ____/ ____ (MM/YY)		

PLEASE ATTACH ONE PAGE BRIEF DESCRIPTION OF PROJECT, INCLUDING THE FOLLOWING:

- Details of the organisation where field practice is proposed to be undertaken
- Details of the organisational mentor (name, designation, qualifications/ area of expertise)
- Overall learning objective(s) of the field practice
- Specific project to be undertaken during the field practice
 - (i) Project title
 - (ii) Project objectives
 - (iii) Public health relevance of proposed project
 - (iv) Detailed description of the work proposed to achieve objectives identified
 - (v) Terms of reference of field practice as agreed with the organisation

SIGNATURE OF STUDENT/ DATE

SIGNATURE OF SUPERVISOR/ DATE

FOR OFFICIAL USE

COMMENTS (IF ANY):	SUPPORTED NOT SUPPORTED
	SIGNATURE OF ACADEMIC ADVISOR/ DATE
COMMENTS (IF ANY):	APPROVED NOT APPROVED
	SIGNATURE OF PROGRAMME DIRECTOR/ DATE

TO BE COMPLETED BY EDUCATION OFFICE

DATE RECEIVED:	
COMPLETED 20 UNITS OF MPH COURSES: YES NO	
UPDATED IN SYSTEM: YES NO	
NAME/ SIGNATURE / DATE	