

SPH5005 PRACTICUM PROPOSAL

PARTICULARS OF STUDENT

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

TO BE COMPLETED BY EDUCATION OFFICE

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