

**University of Toronto
Dalla Lana School of Public Health
Graduate Dept. of Public Health Sciences
2010**

MPH Practicum Contract

Student name: _____

Student number: _____

Name of Practicum Supervisor
and contact information:

Location of Practicum:

Length of Practicum: _____

Starting date: _____

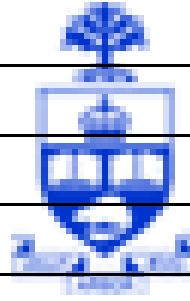
Ending date: _____

Weekly work hours: _____

Financial arrangements: _____
(stipend/ hourly wage)

Workplace environment and equipment provided to student (e.g. work space, desk, computer, etc.):

Specific Objectives of the Practicum: _____



- _____
- _____
- _____
- _____
- _____

Major Responsibilities to be fulfilled: _____

Proposed Schedule for Meetings between student and supervisor: _____

Deliverables expected at end of Practicum: _____

Signature of Supervisor

Signature of Student

Date: _____

Date: _____

Please return to Nancy Kreiger, care of matilda.kong@utoronto.ca or fax to (416) 978-8299