

MAILMAN SCHOOL OF PUBLIC HEALTH  
GENERAL PUBLIC HEALTH

PRACTICUM ASSISTANCE FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

For Practicum in: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Expected date of graduation

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Type of Organization

Substantive Focus of Project

Skills to use and learn

Domestic or international

Languages (other than English)