

MAILMAN SCHOOL OF PUBLIC HEALTH
GENERAL PUBLIC HEALTH TRACK

PRACTICUM ASSISTANCE FORM

Name_____ Date_____

For Practicum in (check one):

- ☐ Winter Intensive (January 2015)
- ☐ Spring 2015
- ☐ Summer 2015

Expected date of graduation:

Focus of Interest:

Type of Organization:

Skills to use and learn:

Domestic or international:

Languages (other than English):