



Master of Public Health Program

MPH Practicum
Committee
Signature Page

Student Name: _____ Campus Wide ID (CWID): _____

Practicum Site & Location: _____

The student named above has successfully completed the written practicum assignment and 200-hour practicum to my satisfaction.

Additional comments:

Chair Signature: _____

Date: _____

Chair Name: _____

Committee Member Signature: _____

Date: _____

Committee Member Name: _____

Committee Member Signature: _____

Date: _____

Committee Member Name: _____