

Environmental Health Sciences Internship Handbook

EHS MPH INTERNSHIP APPROVAL FORM

This form is due to by June 1

UCLA FIELDING SCHOOL OF PUBLIC HEALTH

Name of Student: _____

Proposed Organization Name: _____

Internship Address: _____

Preceptor (name and title): _____

Preceptor email and phone: _____ (____) _____ - _____

Faculty Advisor (name and title): _____

Proposed Internship Period (dates): _____

How did you find out about this internship: _____

Pay Rate: _____

Synopsis of Proposed Internship Project (type a summary that provides concrete details regarding what work you will perform and the overarching goals of the project):

I understand that I am expected to complete at least 400 hours of work for the above internship. I agree to abide by the ethical codes of the University of California while performing this internship and to provide my faculty advisor and the Internship Coordinator with a written summary of the project when the internship is completed.

Student Signature: _____ Date: _____

I agree to supervise the Internship Student on the project described above and to evaluate the written summary of the project that the intern writes upon completion of the project

Preceptor Signature: _____ Date: _____

I have discussed the proposed internship with my advisee and the Field Mentor. This project is consistent with the guidelines and objectives of the MPH Internship program.

Faculty Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____