

INTERNSHIP DESCRIPTION AND CONTACT INFORMATION

Please provide the following information when you have decided on the site for your MPH Internship. Return the completed form to Catherine Nolan, MPH Internship and Placement Coordinator, 3545 Lafayette Ave., Room 482. Thank you.

Student Name _____ E-mail _____

Concentration _____ Advisor _____

Agency/Organization Name _____

Agency/Organization Address _____

Preceptor _____ Title _____

Phone _____ E-mail _____

Brief description of internship (or attach job description, if provided by agency):

Approximate time period: from _____ to _____

Check one: Full Time _____ Part Time _____

Check one: Unpaid _____ Paid _____ (Stipend: _____ per _____)