



Directions: The signed Internship Proposal Form, Internship Proposal Work Plan, and Preceptor CV/Resume should be sent all together to the Internship Coordinator. Please allow for plenty of time (we recommend at least two weeks) to obtain signatures from all parties before the due date. Also ensure all holds are lifted from your ONE.UF account before submitting.

Incomplete applications will not be accepted. If you have questions or concerns, contact the MPH Internship Coordinator.

STUDENT INFORMATION

Name: _____ UFID: _____

Concentration: _____

Mailing Address during Internship:

Street _____ Apt. # _____ City _____ State _____ Zip _____

Phone# _____ Email _____

Permanent Address

Street _____ Apt. # _____ City _____ State _____ Zip _____

INTERNSHIP INFORMATION

Course Credits: _____ Semester(s)/Year Desired: _____

Final Work Products Due Date: Last Day of Classes

My internship will be done remotely YES NO

Will you be directly working with patients? YES NO

Do you have reliable transportation? YES NO

Do you have any disabilities that might hinder your performance during your project?

YES NO

If yes, please explain: _____

SIGNATURES

By signing below, the participating parties indicate that they have read and approved the student's Internship work plan and proposal. Please do not send forms to the UF Internship Coordinator until the student, preceptor, and faculty advisor have signed the document.

Student

Date

Agency Preceptor

Date

Faculty Advisor

Date

UF Internship Coordinator

Date