

# **BIOS PRACTICUM AGREEMENT FORM**

Student's Name:

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Practicum Topic or Project:

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Practicum Description (include site, skills to be practiced, how it relates to your professional goals):

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How is this practicum engaged with a community (i.e. a certain population, geographical area, collaborating organizations or agencies):

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Practicum Field Supervisor name and organization (cannot be a RSPH faculty member):

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Practicum Field Supervisor's Signature:

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Student's Signature:

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Biostatistics and Bioinformatics Practicum Faculty Advisor's Signature:  
(Lisa Elon)

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ADAP's Signature:

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