BIOS PRACTICUM AGREEMENT FORM

Student’s Name: _______________________________________________________

Practicum Topic or Project: _____________________________________________

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

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

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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

__________________________________________________________________

Practicum Field Supervisor’s Signature: _________________________________

__________________________________________________________________

Student’s Signature: _________________________________________________

__________________________________________________________________

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

__________________________________________________________________

ADAP’s Signature: ___________________________________________________