



Columbia University
MAILMAN SCHOOL
OF PUBLIC HEALTH

Documentation Approval for EHS Practicum Experience

Columbia University, Mailman School of Public Health
Department of Environmental Health Sciences

Title of Project/Research

Location of practicum

Practicum Supervisor Information:

Name/Title _____

Email and Phone # _____

Practicum Time Frame and Stipend/Pay

Begin Date ___/___/___ End Date ___/___/___ Total # of hrs per week _____

Will host organization pay a stipend? Y or N Amount in US dollars \$ _____

Scope of Practicum Activities: Please include nature and scope of activities, involvement in program/research and other activities experienced during the practicum and how it relates to the field of Environmental Health Sciences. *Please include this information on a separate sheet.*

By signing this form, I _____ agree that the information above is accurate and complete.

Student Name (print) _____

Student Signature _____

Faculty Advisor Signature _____

**This form must be submitted to the Academic Program Manager, Alysa Turkowitz*