

M.P.H. Practicum Time Record

*Instructions: Use this form to record the number of hours worked at the practicum site(s) and/or performing work directly related to the practicum. Print additional copies if needed. Following the completion of practicum, attach to M.P.H. Practicum Completion Form and submit to Practicum Director no later than* ***December 1*** *(with interim record submitted by* ***July 25****).*

Student First Name Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** (mm/dd/yy) | **Hours** | **Activity** | **Description** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
| **TOTAL HOURS** |  |  |