CWRU MS Biostatistics: Internship/Practicum Learning Agreement

If this is an opportunity listing, only the sections marked with an * are required.

Student Information

Name

Deliverables*

Estimated Hours (Min 160*) If paid, may be >160	Site*

By signing below, the student and preceptor accept the above responsibilities and the agreed upon activities in this document. Please initial all pages at the bottom. Once signed, please return to the Population and Quantitative Health Sciences' Administration Office, WG-74A.

Student: _____ Date: _____

Preceptor: _____ Date: _____

FOR PQHS ADMINISTRATIVE USE ONLY

[redacted]