

Department of Health I West Chester University

207 Sturzebecker Health Science Center West Chester, PA 19383 1 610-436-2931

**Master of Public Health**

**HEA649 – Applied Learning Experience I**

 **HEA650 - Applied Learning Experience II**

**LETTER OF AGREEMENT FOR STUDENT PLACEMENT**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Site Supervisor:

This letter of agreement for the **Applied Learning Experience** **I and II** confirms the placement of:

Graduate Student:

Experience Begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Experience Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Each student is expected to complete a 300 hour learning experience.**

**(100 hours for HEA649 Applied Learning Experience I and**

**200 hours for HEA650 Applied Learning Experience II)**

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Student transcripts will be reviewed to ensure that each graduate student has completed required courses and has maintained the appropriate grade point average (3.0 or better) before placement at the Agency. **Students cannot participate in Applied Learning Experience I and II unless a cumulative grade point average of 3.0 or better is achieved before the start of the experience. The Department of Health reserves the right to terminate this Applied Learning Experience agreement if the student does not obtain a cumulative grade point average of 3.0 or better before the start of the experience.**

Your signature indicates your agreement to provide the student with supervision and your agency's agreement to serve as a host site for the student. Supervision procedures are outlined in the **Master of Public Health – Applied Learning Experience I and II Guidelines**. If you need further clarification about supervision responsibilities or if you need a copy of these Guidelines, please do not hesitate to call the Faculty Advisor. The Applied Learning Experience is finalized when all parties sign this agreement. You will receive a signed copy of this agreement before the start of the Applied Learning Experience.

     Site Supervisor

     Agency/Organization

     Address

     Phone Number

     Email Address

     MPH Faculty Advisor

     MPH Program Director

     Chair, Department of Health