

## Site Supervisor Intent of Relationship

I, \_\_\_\_\_, Graduate Student, agree that it is my responsibility to arrange a Site supervisor to meet the course requirements of Course MPH 580. I verify that I have discussed the requirements with the following person who agrees to serve as a Site supervisor for this course(s). I verify that I have provided this individual with a MPH Internship Handbook.

Site Supervisor's Name:

E-mail address:

Address:

Telephone

Fax #

Date Contacted

**Internship site(s)** we have agreed to utilize for the purposes of this course (i.e. office, clinic, hospital, nursing home):

**Name of Site1:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of administrative representative or business manager

**Printed Name:** \_\_\_\_\_

**Name of Site 2:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of administrative representative or business manager

**Printed Name:** \_\_\_\_\_

Student: Submit this completed form directly to ProjectConcert