



Kansas State University

Master of Public Health Program

PUBLIC HEALTH FIELD EXPERIENCE STUDENT REQUEST FORM

To the Host Agency: The following information will be useful in matching Kansas State University MPH Students for a field experience placement within your agency. Please complete the form online and submit electronically **OR** print the completed form and mail to:

Michael B. Cates, DVM, MPH
Professor, Diagnostic Medicine and Pathobiology
MPH Program Office
Kansas State University
311 Trotter Hall, Manhattan, KS 66506
Email: mphealth@ksu.edu
Phone: 785-532-2042 / FAX: 785-532-4021

Name of host agency:

Name and position of contact person:

Preceptor name:

Mailing address:

Email:

Phone:

Fax:

Briefly describe the agency or organization (mission, goals, activities, services):

Scope of work possible for a MPH student:

Special qualification required:

Expected benefit for the student:

Expected benefit(s) to the host agency or organization:

Reporting or evaluation requirements:

Desired time period for placement: Fall semester (mid-August through mid-December)
 Spring semester (mid-January through mid-May)
 Summer session (mid-May through mid-August)
 No preference

Is a salary or stipend available? Yes How much?
 No

Additional comments for the benefit of the student or program director: