AMERICAN UNIVERSITY OF BEIRUT
FACULTY OF HEALTH SCIENCES – MPH PROGRAM
PRACTICUM EXEMPTION FORM

Instructions to Students: Complete this form and return it to your Practicum Coordinator. You will be responsible for reviewing your request with your Academic Advisor. Please attach supporting documents to this form.

STUDENT'S INFORMATION

Name: ____________________________
ID Number: ________________________
Expected Date of Graduation: ________
Area of Concentration: ____________________________
Academic Advisor at FHS: ________________

REASON(S) FOR EXEMPTION (you may check more than one)

☐ MD (previously earned)
☐ Graduate Degree (previously earned)
☐ 2 or more years of experience relevant to your MPH Degree

PREVIOUS OR CURRENT WORK EXPERIENCE

Position/Title: ____________________________
Organization: ____________________________
Address: ________________________________
Supervisor's Name: _______________________
Supervisor's Telephone No: ________________
Description of Work Experience
Please attach a 2-page report signed by you, in which you:

1. Choose at least 2 MPH core competencies and 3 concentration competencies and describe the specific duties and responsibilities which helped you acquire each of the identified competencies. The table below can be used as a guide.

2. Discuss the impact and relevance of your work experience to the MPH degree in general and to your specific area of concentration, in particular

3. Indicate the duration of work (starting and ending dates)

<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>LEARNING OBJECTIVES (LO)</th>
<th>TASKS AND RESPONSIBILITIES</th>
<th>OUTPUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESSED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Core and concentration competencies)</td>
<td></td>
<td>(That helped you acquire each competency)</td>
<td>(Evidence of the implemented tasks)</td>
</tr>
</tbody>
</table>

Student's Signature: .............................................................

Date: .................................................................

FOR THE USE OF THE EXEMPTION COMMITTEE

DECISION

___ Exempted

___ Not Exempted

Remarks and Comments

Committee Members’ Signatures:

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Date: .............................................................