AMERICAN UNIVERSITY OF BEIRUT
FACULTY OF HEALTH SCIENCES – MPH PROGRAM

PRE-PRACTICUM (PBHL 355) EXEMPTION FORM

Instructions to Students: Complete this form and return it to your Practicum Coordinator. 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: 

1
**Description of Work Experience**

Please attach a 2-page report signed by you in which you:

1. Describe the specific duties and responsibilities of each position you have held
2. Indicate the duration of work (starting and ending dates)

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

**Date:** ............................................................

---

**FOR THE USE OF THE EXEMPTION COMMITTEE**

**DECISION**

___ Exempted

___ Not Exempted

**Remarks & Comments**

---

**Committee Members’ Signatures:**

............................................................

............................................................

............................................................

............................................................

**Date:** ............................................................

---