



TUSKEGEE

UNIVERSITY

COLLEGE OF VETERINARY MEDICINE

Department of Graduate Public Health

Preceptor Project Proposal Form

Agency Name	
Project Name	
Hours of Operation	
Start Date	
End Date	
Paid or Unpaid	
Hours per week	

Project Description (Briefly describe the purpose and objectives of the project)

Skills Needed (Outline the knowledge, skills, and abilities required of student intern)

Skills Developed (Outline the knowledge, skills, and abilities that will be developed in this experiential learning opportunity)

Specific Deliverables Desired (List the deliverables and expected dates for each)