**MPH Public Health Nutrition Practice, Capstone Agreement**

NUTR 596: Nutrition Practice Capstone

|  |  |
| --- | --- |
| Student Name: |  |
| Public Health Nutrition Practice Capstone Mentor, Title:  Agency or Organization name:  Phone number:  E-mail address: |  |
| MPH Capstone Faculty Advisor: |  |
| Quarter & Year student to register for credit |  |

1. **Nature and scope of the proposed project:**
2. **Description of the nutrition issue to be addressed:**
3. **Timeline:** Expected dates for completion of major tasks; draft(s) and final product(s); and the dates for planned meetings with your capstone preceptor.
4. **Final Product Description:**

**Student Responsibilities** in carrying out the project:

1. Maintaining a work schedule agreed upon with the preceptor
2. Completing the specified tasks and deliverables/products for the project as described in the MPH Public Health Nutrition Practice Capstone Agreement
3. Meeting with the Public Health Nutrition Practice Capstone Mentor in regularly scheduled supervisory sessions to discuss the progress of the project
4. Maintaining contact with the Faculty Advisor and completion of status reports according to schedule
5. Completing an academically rigorous report that adheres to guidelines established in the MPH Capstone Manual
6. Submit final capstone report to the Faculty Advisor and [nutr@uw.edu](mailto:nutr@uw.edu)

**Public Health Nutrition Practice Capstone Mentor Responsibilities** in supervising the project:

1. Orienting the student to public health nutrition practice processes and expectations relevant to project
2. Assisting the student in gaining access to information, personnel, and data required for the project
3. Meeting with the student in regularly scheduled supervisory sessions
4. Providing a final evaluation of the student's performance
5. Communicating concerns or issues, if any, to Capstone Faculty Advisor

**AGREEMENT**

I have participated in the development of the Capstone proposal and agree to conditions specified above. If it is necessary to change any of the specified conditions, I agree to make the changes known to each of the persons whose signatures appear below.

|  |
| --- |
| *Student Date* |
| *Public Health Nutrition Practice Capstone Mentor Date* |
| *Capstone Faculty Advisor Date* |

Student must scan completed form and submit to Faculty Advisor and [nutr@uw.edu](mailto:nutr@uw.edu)