Candidate's Details

Title: _______  Surname: ______________________  Given Name(s): ______________

Department: ____________________________________________________________

Please state your student/application number: □□□□□□□□□□

Part A: Statement by Candidate

I certify that this Public Health Placement report complies in all respects to the requirements governing the above degree.

Signature of Candidate: ___________________________________________ Date: __________________

Part B: Statement by Academic Supervisor

I certify that the attached Public Health Placement report is ready to go forward to examination by the Coordinator of the DrPH Program.

Academic Supervisor’s Name: (Please Print): ______________________________________

Signature of Academic Supervisor: __________________________________________ Date: ______________

Please submit this form with THREE copies of the report to the

Please return your completed form to:

Academic Programs Office
School of Population Health
Level 4, 207 Bouverie Street
The University of Melbourne
Victoria 3010.

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