



HLTH474 Health Apprenticeship Agreement to Supervise (Form 474)

Student name:

Student ID number:

SPHS supervisor information (to be completed by the supervisor)

Name:

Email:

Proposed start term and year

Fall

Winter

Spring

Year:

Location of apprenticeship (e.g., research team, community placement, organization)

Proposed title (maximum of 30 characters, including spaces)

Please sign below indicating you agree to supervise the student's HLTH 474 Health Apprenticeship course.

Supervisor's signature: _____

Date: