

**CAPSTONE AGREEMENT**  
UNIVERSITY OF MISSOURI – KANSAS CITY  
BACHELOR OF SCIENCE IN PUBLIC HEALTH PROGRAM

STUDENT STATEMENT: I, \_\_\_\_\_ agree to perform my capstone project at the agency and with the Site Supervisor named below. I agree to complete all pre-internship requirements (readings, physical exams, background checks, etc.) as requested by the sponsoring agency.

I understand that I must complete approximately 11 hours per week during the semester (fall, spring, or summer). I understand I will not receive compensation, unless otherwise indicated from the Capstone site.

I understand that the Site Supervisor and Capstone Coordinator will evaluate my progress jointly. I will present all report materials in the format requested by the Site Supervisor and Capstone Coordinator. I understand that if my performance is not satisfactory, I may be re-assigned by Capstone Coordinator / BSPH Program Director. I will complete all required evaluations and documentation as specified in the BSPH Capstone Project Packet and as required. I understand that final grade will not be issued until all paperwork is received in Canvas.

SITE SUPERVISOR FERPA POLICY: For those not employed by UMKC but serving in a school official role with a legitimate educational interest are still bound by FERPA and expected to operate within those parameters. Information on FERPA for faculty and staff can be found at <https://www.umkc.edu/registrar/student-records/ferpa/faculty-staff.html>

With respect to the agency, I agree to maintain privacy regarding any information with special confidentiality requirements (patient information, financial information, etc.)

START DATE: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

Site Supervisor Name (please print): \_\_\_\_\_

Agency/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_