



School of Public Health Graduate Student Independent Study Application

This form is to be completed by the student. This form must be filed with the Departmental Graduate Program Coordinator or Department Chair before registration for the course.

Name: _____ UID: _____

E-mail: _____ Program of Study: _____

Course Number: _____ Section Number: _____ Semester & Year: _____

Faculty Name: _____ Date of Application: _____

Will this course fulfill a program requirement? Yes No

If "yes," which requirement? _____

General Description of Project:

Itemized Description of Project Components and Due Dates (including all deliverables)*

Item / Deliverable:

Due Date:

Item / Deliverable:	Due Date:

*** NOTE:** The University expects a minimum of 45 hours of work for each credit hour earned (135 hours for a 3 credit hour course).

Identify the program competencies that are achieved or enhanced through this Independent Study:

Student Signature **Date** **Faculty Signature** **Date**

Advisor Signature **Date**

Director of Graduate Studies or Department Chair Signature **Date**

- Copy to:
- (1) Student's File (with documentation)
 - (2) Student
 - (3) Advisor