*Complete this form with the faculty directing the independent study (IS) and submit copy to EPID Student Services Office to be enrolled. A copy should be kept by both student and faculty as a summary is required at the end of the independent study experience.*

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| Student Information |
| Name: |  |  |  |
|  | Last | First | M.I. |
| Email: |  | Phone: |  |
| PID: |  |
| Degree Program: | [ ]  PhD  | [ ]  MSPH/PhD | [ ]  MPH | [ ]  MSCR |  |
| Year in Program: | [ ]  First  | [ ]  Second | [ ]  Third | [ ]  Fourth or beyond |  |

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| Faculty Information  |
| Name: |  |
|  |  |  |  |
| Email (if not EPID faculty): |  |

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| Course Information  |
| Term/Year: | [ ]  Fall  |  | [ ]  Spring  |  | [ ]  Summer  |  |
| Credits: |  [ ]  1 | [ ]  2 | [ ]  3 |   |   |  |
| # Hours/week: |  |  |  |
| *Students are expected to devote at least three hours of independent study work per week for each unit of credit* |
| **Purpose of the independent study***Please provide a brief overview of the independent study by describing its rationale and purpose, what this independent study will accomplish, and who will be involved besides the student and faculty directing the IS.* |
|  |
| **Proposed Work Plan***Please use the space below to describe how you plan to carry out your learning project. (e.g. What logical sequence will you follow? What step-by-step procedure will you develop to complete your study?)* |
|  |
| **Key Dates and Proposed Timeline , including a plan for meeting with the faculty directing the IS***Please list appropriate tasks and deliverables that the student will be expected to complete during the independent study.*  |
|  |
| **Assessment***Please describe the criteria for assessing student performance (e.g. % of course grade based on each requirement) including final examination (or alternate format).*  |
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| Agreement and Signatures |
| *I participated in developing this learning agreement 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 Signature* | *Date* |
|  |  |
|  |  |
| *Faculty Signature* | *Date* |

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| Summary of Independent Study Experience (to be completed at end of semester and submitted to Student Services Office) |

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| *Please describe how this independent study experience did or did not meet the original goals. If the plan changed, explain how and why.*  |
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| --- | --- |
|  |  |
| *Student Signature* | *Date* |
|  |  |
|  |  |
| *Faculty Signature* | *Date* |