

NEOMED Independent Study/Research/Practicum Form

Independent Study

Research

Practicum

Student Data			
Name: _____	Date: _____		
Student ID: _____	Class Year: _____	Phone: _____	
Registration Data			
Registration Year: _____	Registration Term:	Fall	Spring Summer
Select One: Existing Course with Alternative Schedule? or Unique/Individualized Course?			
Course ID: _____	Course Title: _____		
Date(s): _____		Credit Value: _____	
<i>Note: If selecting a course ID with a variable credit assignment, hours of independent study activities must be agreed upon in advance with the course instructor/coordinator, documented, and verified at the end of the instruction period for credit to be awarded. A minimum of 37.5 clock hours on task is required for each semester credit awarded for non-clinical/practicum experiences.</i>			
Printed Name of Independent Study Instructor/Coordinator/Faculty: _____			

The course syllabus may serve to fulfill section A and B's requirements for IPM Research, Human Values Practicum, and MPH Practicum.

A. The Following is Completed by the Student in Consultation with Instructor:

Please complete following items as an attachment:

- **Description of Independent Study or Research Proposal**

Provide a brief statement describing the subject area and the motivation for undertaking this course as an independent study. Limit 1 page

- **Outcomes**

List the Learning Objectives or Outcomes that this Independent Study or Research Project will achieve. You must list at least three outcomes. Limit ½ page

- **Books, articles, and other materials**

Provide a list of books, articles, and other materials that will be used in this Independent Study. While this list does not have to be comprehensive, it must be substantial enough to indicate the scope of your study.

B. The Following is Completed by the Independent Study/Research/Practicum Instructor:

Please complete following items as an attachment:

- **Meetings**

Describe the meetings that will comprise this Independent Study. Indicate how the meetings will occur, i.e., by telephone or in-person or online. How many meetings will occur during the prescribed period? How long will the meetings be? If possible, indicate the scheduled meeting dates.

- **Assessment/Grading Policy**

Indicate how the student's project will be assessed and the minimal expectations for a 'Satisfactory' grade. For example, will the grade be based upon a combination of 3 short papers and a presentation or perhaps a single long paper of 12-15 pages. A copy of the final project should be submitted along with the grade to the appropriate Dean's Office and the Office of the Registrar.

I agree to complete the project as described:

Student Signature

Date

I agree to supervise this student and verify the completion of the coursework/project as described. Each credit hour awarded requires a minimum of 37.5 clock hours of engagement by the student for non-clinical projects, 40 clock hours for APPE's and 45 clock hours of engagement for clinical projects, which may occur in any combination of formalized instruction and independent learning.

Instructor/Program Director/Advisor/Course Coordinator Signature

Date

This form and required attachments must be completed and submitted to the Office of the Registrar within the drop/add period. We encourage all forms to be submitted before the first day of class.

FOR REGISTRAR USE ONLY			
Banner Entry Date			
Data Entry Staff			
Distribution List:	Coordinator	Instructor	Student