

Appendix B

Independent Study Learning Contract
Department of Epidemiology and Community Health

Student name: _____ E-mail address: _____

Street address: _____

Home phone: () _____ Work phone: () _____ Fax: () _____

Number of semester hours (1-3): _____ Semester: _____ Year: _____

A. PROJECT TITLE:

B. RELEVANCE OF STUDY TO CAREER GOALS:

C. SIGNIFICANCE OF TOPIC TO PUBLIC HEALTH (See Appendix A):

D. OBJECTIVES (describe what you expect to learn and accomplish; must be both observable and measurable):

E. DESCRIPTION OF METHODS (describe the specific steps toward meeting your objectives):

F. OUTCOME:

G. EVALUATION CRITERIA:

H. PROPOSED SCHEDULE (construct a weekly timeline/syllabus for the semester, including meetings with your faculty mentor):

SIGNATURES

Faculty Mentor

Name: _____ Title: _____

Address: _____

E-mail: _____ Phone: _____

Field of expertise: _____

Faculty Advisor:

Name: _____

E-mail: _____ Phone: _____

Student:

_____ Date: _____

Graduate Program Director:

_____ Date: _____

Graduate Program Coordinator:

_____ Date: _____