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**INDEPENDENT STUDY AGREEMENT**

**HLS 490 –or- MPH 590**

Student's Name \_\_\_\_\_

Course No. \_\_\_\_\_

Student's Social Security  
No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Semester & Year in which  
course is to be completed: \_\_\_\_\_

Please list your cumulative  
Grade Point Average (if  
known): \_\_\_\_\_

Academic Major: \_\_\_\_\_

No. Course Credits Applied  
For: \_\_\_\_\_

Reason for Requesting to Complete an Independent Study

Note: Independent studies are not to be used as a substitute for a required course without approval of a course substitution/waiver form signed by your advisor, department head, and with the approval of the CHSS Dean's Office.

REQUIREMENTS: Please list the specific requirements for this independent study, including a sample list of readings (if applicable) and a detailed description of specific projects (if applicable).

METHOD OF EVALUATION (be as specific as possible):

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Signatures (required)}:

Student

Date

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Instructor

Date

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Advisor

Date

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Academic Department Head

Date

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Distribution: Copy to each of the above