## WVU School of Public Health Independent Study Form<sup>1</sup>

## **Student Information:**

Student information.								
Name						WVU ID		
Academic Department (circle): Degree Program (circle):					Degree Program (circle):			
BIOS	EPID	HPML	OEHS	SBHS	MPH	MS SHE	PhD	

1.	Semester for Independent Study:
2.	Title of Independent Study:
3.	Faculty Agreeing to Provide Independent Study:
4.	School/Department of Independent Study Faculty:
5.	Does the Independent Study Faculty have a Graduate Faculty Appointment: YES NO
6.	Number of academic credit hours to be awarded:
7.	Is this your first independent study in your current SPH degree program? YES NO
8.	Description of proposed independent study:

a. Purpose/Objective:

b. Learning Outcomes:

<sup>&</sup>lt;sup>1</sup>See current WVU SPH Independent Study and non-Didactic Credit Policy.

	c.	Pedagogy (how will you achieve learning outcomes?):
	d.	Required Reading(s):
	e.	Grading: Letter Grade Pass/Fail
	f.	Assessment Criteria (what determines grade?):
independer	nt st	e a descriptive estimate of the number and distribution of effort hours to fulfill the udy (~ 45 effort hours per unit of academic credit): pendent Study Form

Signatures:			
10. Student	:		
	I agree to the	terms of this indep	endent study (date)
11. Indeper	ndent Study F	aculty	
·	•	·	
	I agree to pro	ovide this independe	ent study (date)
12 Faculty	Advisor		
12. Faculty	AUVISUI		
	APPROVE	DISAPPROVE	(date)