

# USF COLLEGE OF PUBLIC HEALTH

## INDEPENDENT STUDY CONTRACT

PHC 6907 (MPH, MHA, MSPH only)

1-6 Credit Hours S / U Grade Only

DATE \_\_\_\_\_

SEMESTER \_\_\_\_\_

NAME \_\_\_\_\_  
(Please Print)

ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME # \_\_\_\_\_

WORK # \_\_\_\_\_

EMAIL \_\_\_\_\_

ADVISOR NAME \_\_\_\_\_

CREDIT HOURS \_\_\_\_\_

ANTICIPATED COMPLETION DATE \_\_\_\_\_

[Course Substitutions Must Equal the Same Number of Credit Hours]

Is this independent study being used to substitute for a required course? If yes, a course substitution form must be attached to this contract.

YES  NO

BRIEF DESCRIPTION OF PROJECT / STUDY:

METHOD OF PRESENTATION:

I have read and approve the study description and I agree to supervise the student for this Independent Study.

\_\_\_\_\_  
Instructor's Name (Please Print)

\_\_\_\_\_  
Instructor's Signature (NOTE: INSTRUCTOR WILL ISSUE THE GRADE)

Date \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

Date \_\_\_\_\_

ORIGINAL TO: Academic Affairs Office with Registration Worksheet

COPY TO: Student, Advisor, Instructor