COLLEGE OF PUBLIC HEALTH
UNIVERSITY OF SOUTH FLORIDA

SPECIALIZED STUDY CONTRACT

PHC 7908 (PhD/DrPH Only)

1 – 9 Credit Hours S / U Grade Only

CURRENT DATE _____ **SEMESTER** _____ **20** _____

NAME _____ **ID#** _____
(Please Print)

DEPT _____ **DEGREE** _____

ADDRESS_____

CITY_____ **STATE** _____ **ZIP** _____

PHONE (H) _____ **(W)** _____

USF HEALTH EMAIL _____ **CREDIT HOURS** _____

COURSE DESCRIPTION: An in depth study in a specialized public health area. The study may be used to address areas where a student needs to demonstrate a higher level of competency.

Attach a one-page typed proposal that includes:

1. **One paragraph description of proposed study.**
2. **Objectives of the study.**
3. **Required specific outcomes/products.**

I have read and approve the attached proposal and I agree to supervise the student for this Specialized Study.

_____ _____ **Date** _____
Instructor's Name (Please Print) **Instructor's Signature** **(NOTE: INSTRUCTOR WILL ISSUE THE GRADE)**

The attached proposal for Specialized Study is part of student's plan of study.

_____ _____ **Date**_____
Major Advisor's Name (Please Print) **Advisor's Signature**

_____ **Date** _____
Student's Signature

ORIGINAL TO: Academic and Student Affairs Office with Registration Worksheet **COPY TO:** Student, Advisor, Instructor