

USF COLLEGE OF PUBLIC HEALTH

SPECIAL PROJECT CONTRACT

PHC 6977 (MPH & MHA Only)

3 Credit Hours

S / U Grade Only

The completion of an approved Training Program in
HUMAN RESEARCH PROTECTIONS IS REQUIRED FOR THIS COURSE

- Instructions for the training in Human Research Protections are available at:
http://www.research.usf.edu/cs/irb_education.htm
- Copy of completion certificate is required for registration permit to be issued

CURRENT DATE _____ SEMESTER _____

NAME _____ ID# _____
(Please Print)

DEPT _____ CONCENTRATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: (H) _____ (W) _____

USF HEALTH EMAIL ADDRESS _____ CREDIT HOURS _____

PROJECT TITLE:

BRIEF SUMMARY:

I have read and approve the project summary and agree to supervise the student for this Special Project.

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

Major Advisor's Name (Print) Advisor's Signature Date _____
NOTE TO ADVISOR: DO NOT SIGN UNLESS REQUIRED DOCUMENTS ARE ATTACHED / SEE ALSO NOTE TO INSTRUCTOR

Student's Signature Human Research Protections certificate attached _____ Date _____
(check here)

ORIGINAL TO: Academic Affairs Office with Human Research Protections Certificate & Registration Worksheet. COPY TO: Student, Advisor, Instructor