



Office of the Registrar  
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**INDEPENDENT STUDY APPLICATION**

An independent study allows students to work in conjunction with a faculty supervisor from the University of South Florida College of Medicine. Through this experience students have the opportunity to design a creative program of study unique to individual needs for scholarly projects and research not covered in courses listed in the Senior Electives Manual. This application must be approved by your supervisor. Proposals must include objectives, work products, and an emphasis of study and be discussed with your supervisor before undertaking this elective. All signatures on this form are required. Signed forms must be submitted to the College of Medicine Registrar's Office at least 6 weeks before the start of the period.

\*The Independent Study Elective is for domestic study only. If you are interested in international study, please sign up for an externship or scholarly concentration elective instead.

**Part I (To be completed by the student)**

Name \_\_\_\_\_ Student ID Number     

Phone \_\_\_\_\_ Email \_\_\_\_\_

**EMPHASIS OF STUDY (TITLE OF INDEPENDENT STUDY)**

Location: \_\_\_\_\_ Specialty Field \_\_\_\_\_

Period \_\_\_\_\_ Inclusive dates \_\_\_\_\_

**WHAT IS YOUR PRIMARY PURPOSE IN DOING THIS STUDY?\***

*\*Example: "I want to participate in patient care of PTSD patients in preparation for residency in Psychiatry. This is not offered in the current catalog."*

**LIST UP TO 3 LEARNING OBJECTIVES AND CORRESPONDING WORK PRODUCTS**

	Objectives*	Work Products*
1		
2		
3		

*\*Example: "I will evaluate and participate in management of 15 patients with PTSD in the outpatient clinic."*

*\*Example: "I will write a case report on a patient with >20 relevant references on interesting diagnostic, etiologic, therapeutic issues."*

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Part II (To be completed by the faculty supervisor)**

Name of Faculty Supervisor  Department

Student will report to (Location)

Number of unsupervised hours per week (if applicable)

Number of clinical hours per week (if applicable)

Number of laboratory hours per week (if applicable)

Number of didactic hours of instruction per week (if applicable)

Will specific reading assignments be given?  
If yes, indicate number of hours per week

**TOTAL HOURS PER WEEK**

Method(s) of Evaluation (Check all that apply): Exam Paper Presentation Other

Comments:

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**REQUIRED SIGNATURES**

Faculty Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Department Director \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean for UME \_\_\_\_\_ Date \_\_\_\_\_