



Office of the Registrar
 College of Medicine
 University of South Florida
 Phone: (813) 974-0828

12901 Bruce B. Downs Blvd MDC 32
 Tampa, FL 33612
 Email: mcook@health.usf.edu
 Fax: (813) 974-4619

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.

Part I (To be completed by the student)

Name _____ Student ID Number **U** _____

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** _____

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:

REQUIRED SIGNATURES

Faculty Supervisor _____ Date _____

Department Director _____ Date _____

Associate Dean for UME _____ Date _____