

INDEPENDENT STUDY APPLICATION

An independent study allows students to work in conjunction with a faculty supervisor from the Morsani 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 formal courses listed in the catalog. 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 USF Health 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 _____ ID Number **U** _____

Email _____

EMPHASIS OF STUDY (TITLE OF INDEPENDENT STUDY)

Location: _____ Specialty Field _____

Period _____ Inclusive dates _____

WHAT IS YOUR PRIMARY PURPOSE IN DOING THIS STUDY?*

LIST UP TO 3 LEARNING OBJECTIVES AND CORRESPONDING WORK PRODUCTS

	Objectives*	Work Products*
1		
2		
3		

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 _____

Asst Dean for Clin Curriculum _____ Date _____