

DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH SCIENCES

Master's Program Independent Study Pre-Registration Form

NAME: _____

TERM/SESSION REGISTERED: _____ # of Credits: _____

DATE: _____

TITLE OF INDEPENDENT STUDY: _____

DESCRIPTION OF OBJECTIVES: _____

EXPECTED FINAL PRODUCT (e.g., paper, article, poster): _____

EXPECTED COMPLETION DATE: _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF FACULTY SUPERVISING INDEPENDENT STUDY:
