



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 preceptor 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 preceptor. Proposals must include goals, objectives, and an emphasis of study and be discussed with your preceptor 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 30 days 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: _____

Period _____ Inclusive dates _____

LIST UP TO 3 GOALS YOU EXPECT TO ACHIEVE BY TAKING THIS ELECTIVE	
1	_____
2	_____
3	_____

LIST UP TO 3 LEARNING OBJECTIVES	
1	_____
2	_____
3	_____

EVALUATION / MEASURES OF ACHIEVEMENT	
List work product(s) that will be created to demonstrate achievement of these goals and objectives	

Student signature _____	Date _____
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Part II (To be completed by the preceptor)

Name of Preceptor 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 (Circle One): Exam Paper Presentation Other

Comments:

REQUIRED SIGNATURES

Preceptor Signature _____ Date _____
Department Coordinator Signature _____ Date _____