

# INDEPENDENT STUDY CONTRACT

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Name of Student

Semester

Describe independent study project (e.g., goals, method of inquiry);

Credit: \_\_\_\_\_ Hours

Meeting arrangement (e.g., weekly, bimonthly, monthly):

Evaluation requirements (e.g., paper, presentation, discussion, comprehension of readings):

Comments:

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Faculty advisor's signature

Date

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Participant's signature

Date

## **INDEPENDENT STUDY GUIDELINES**

Selected problems or issues in health professions education are investigated under the direction of a faculty member of the participant's choice. The participant must complete the Independent Study Contract prior to registration. The participant and faculty advisor will negotiate the number of credit hours and the number of times the two will meet together throughout the semester. As a rule of thumb, for every hour of credit the participant registers they must spend a minimum of three hours per week reading, writing, and/or meeting with the independent study advisor. This contract will be signed by both parties and a copy forwarded to the Coordinator of Educational Programs.