

**PUBLIC HEALTH INDEPENDENT STUDY APPLICATION
(PHST 406 OR PHST 405 & 407)**

Student Name: _____

Student ID Number: _____

Student Email Address: _____

Semester and Year of Independent Study: _____

Overall GPA: _____ Public Health GPA: _____

Faculty Supervisor: _____

Project Title (tentative): _____

Please attach a Project Proposal that identifies the social research question(s) you intend to address and the research techniques that you will use. The proposal should be three to five typed pages including a preliminary list references.

I have read, understand, and accept the requirements for enrolling in and completing a Public Health Independent Study (see department webpage for course description and specific requirements). Furthermore, I hereby give permission to my faculty supervisor and department chair to review my academic standing, academic integrity, and student conduct records as part of the approval process. I have attached the proposal and list of references to this application.

Student

Date

Faculty Supervisor

Date

Department Chair

Date