

**DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH SCIENCES**

Doctoral Program Independent Study Pre-Registration Form

NAME: \_\_\_\_\_

TERM/SESSION: \_\_\_\_\_ # OF CREDITS: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE OF INDEPENDENT STUDY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF OBJECTIVES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPECTED FINAL PROJECT (i.e. paper, article, poster): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

SIGNATURE OF FACULTY SUPERVISING INDEPENDENT STUDY:

\_\_\_\_\_

NAME OF FACULTY: \_\_\_\_\_