MASTER OF PUBLIC HEALTH PROGRAM
INDEPENDENT STUDY FACULTY SPONSOR EVALUATION FORM

Please complete and return to Ms. Rose Vallines, Administrative Assistant.

CAM Building, 17 E. 102 St., West Tower – 5th Floor Interoffice Box 1043 Fax 212-824-2327

Independent Study Faculty Sponsor Name and Title: ________________________________________________________

Student Name: ______________________________________________________________________________________

Independent Study Title: ______________________________________________________________________________

Duration of Independent Study: _________________________________________________________________________

Total number of hours: _________________________________________________________________________________

PLEASE USE THE FOLLOWING EVALUATION SCALE:

5 OUTSTANDING
4 VERY GOOD
3 GOOD – THIS IS THE AVERAGE TO BE EXPECTED
2 FAIR
1 POOR
0 COMPLETELY UNMET
N/A PLEASE WRITE N/A WHEN THE QUESTION IS NOT APPLICABLE

Did the student meet the learning objectives of the Independent Study? 5 4 3 2 1 0

Did the student demonstrate understanding of the concepts of Public Health? 5 4 3 2 1 0

Did the student learn how to apply these concepts in a practical manner? 5 4 3 2 1 0

Was the student’s work thorough and complete? 5 4 3 2 1 0

Was the student reliable and dependable? 5 4 3 2 1 0

Did the student demonstrate initiative? 5 4 3 2 1 0

Did the student identify problems and actively work to develop solutions? 5 4 3 2 1 0

How well did the student interact with others, especially members of the community? 5 4 3 2 1 0

How would you rate the student’s performance in the Independent Study? 5 4 3 2 1 0
EVALUATION OF STUDENT’S RESPONSIBILITIES
Please provide an overview of the student’s responsibilities.

Please list the Public Health competencies addressed during this Independent Study (see MPH Student Handbook)

STUDENT’S STRENGTHS
Provide a list of the strengths the student exhibited during the Independent Study.

STUDENT’S WEAKNESSES
Provide a list of the weaknesses the student exhibited during the Independent Study.

ANY ADDITIONAL INFORMATION / FEEDBACK FOR THE MASTER OF PUBLIC HEALTH PROGRAM

Independent Study Faculty Sponsor: __________________________    _________________________   ________  
Signature    Print       Date

Student: ____________________________    ___________________________    ___________  
Signature     Print           Date

Specialty Track Advisor: __________________________    _________________________    ___________  
Signature                 Print             Date

Program Director: __________________________    _________________________    ___________  
Signature                 Print             Date

Updated July 2009    Credits awarded: _______      2 of 2
(MPH office use only)