MASTER OF PUBLIC HEALTH PROGRAM
INDEPENDENT STUDY POSTSCRIPT REPORT

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

Please note that your Independent Study Postscript Report should be submitted no later than six weeks after your project/course of study has been completed. This is to ensure that your report is completed while still fresh in your mind. Your Independent Study will not be considered to be complete until this form has been completed and your Faculty Sponsor has submitted his/her evaluation of your work.

Student Name: ___________________________________________________________

Specialty Track: ___________________________________________________________

Student Mount Sinai Life Number: ________________________________

INFORMATION ON THE PROPOSED INDEPENDENT STUDY

Independent Study Title: _________________________________________________________________

Independent Study Faculty Sponsor Name and Title: __________________________________________

Independent Study Faculty Sponsor Contact Information: (address, phone, e-mail)
____________________________________________________________________________________________
____________________________________________________________________________________________

Independent Study Faculty Sponsor: ________________________ ________________________ _________
Signature Print Date

Student: ____________________________ ___________________________ ___________
Signature Print Date

Specialty Track Advisor: __________________________ _________________________ ___________
Signature Print Date

Program Director: __________________________ _________________________ ___________
Signature Print Date
On a separate piece of paper to be attached to the preceding information page, please provide the following information:

- **Goal of Independent Study**
  - Did it change from what you described in your proposal? If yes, why?

- **Community served**
  - Did it change from what you described in your proposal? If yes, why?

- **Objectives**
  - Did the objectives change? If yes, why?

- **Competencies**
  - Please review the Competencies (General & Track Specific) available in your student handbook and on-line and list which competencies were covered by this experience.
  - Did your experience in competencies change from what you initially anticipated? If so, why?

- **Duration of Independent Study**
  - Provide actual start and end dates, number of days you worked each week, and the number of hours each day.

- **Follow-up**
  - Was this a good experience? On a scale of 0 to 5 where 0 = a completely awful experience and 5 = outstanding, how would you rate your independent study?
  - Is there anything about this experience that you would have changed, if you were to repeat it?
  - Do you anticipate being involved now that the formal independent study period has ended?
  - Do you anticipate turning your experience into your master’s thesis?
  - Would you recommend this independent study to other students? Why or why not?

Remember, your Faculty Sponsor must submit his/her evaluation of your experience.