MASTEr OF PUBlic HEAlTH PRoGRaM
INDEPENDENT STUDY PROPOSAL 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

Please note that an Independent Study Proposal should be submitted prior to the anticipated start of the proposed project/course of study. This is to ensure that the goals meet the overall objectives of the Master of Public Health Program before a student commits any time and energy. The outline must be attached to the Proposal form. Approval, when granted, is conditional upon the student completing all of the outlined requirements. The student must submit a Postscript Report and request that the faculty sponsoring the Independent Study submit an Evaluation Form.

An Independent Study must be a unique experience. Three credits are the maximum number of credits that may be awarded to any Independent Study. Please note that while the total hours committed to the pursuit of the Independent Study may be sufficient for more than three credits or more than one elective, students will not receive any more than three credits for one project/course of study.

Student Name: ___________________________________________________________

Specialty Track: ___________________________________________________________

Student Mount Sinai Life Number: __________________________________

INFORMATION ON THE PROPOSED INDEPENDENT STUDY

Independent Study Title: _________________________________________________________________

Number of Credits: ____________________

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

Updated July 2009   Anticipated number of credits to be awarded: _______
(MPH office use only)
INDEPENDENT STUDY PROPOSAL

On a separate piece of paper to be attached to the preceding information page, please provide the following information:

- Goal of Independent Study
- Community to be served
- Background information, including relevance to Public Health
- Objectives
  - Objectives that will enable you to achieve the independent study’s goal.
  - What do you anticipate gaining from this experience? Discuss its relevance to public health.
- Competencies
  - Please review the Competencies (General & Track Specific) in the student handbook and on-line and list which competencies will be covered during the independent study.
- Duration of Independent Study
  - Include start and end dates, number of days you anticipate working each week, and an estimate of the number of hours each day.
- Follow-up
  - Do you anticipate being involved once the formal independent study has ended?
  - Do you anticipate turning your experience into your master’s thesis?