**HMSC 877 INDEPENDENT STUDY**

**NUMBER OF CREDITS: \_\_\_\_\_**

**INSTRUCTOR:** *The instructor’s name and contact information should be listed here.*

**TARGET AUDIENCE:** Advanced (at least second year) PhD students who seek to obtain more in-depth knowledge and/or experience in a particular content area. The independent study should focus on knowledge and skills that cannot be acquired through other course work or research/teaching experiences, and should reflect a match between the student’s objectives and the instructor’s area of expertise.

**COURSE PREREQUISITES:** Core course in the student’s specialty area (HMSC 700, 701, 702 or equivalent).

**LEARNING PLAN**

**COURSE GOALS:**

*This should be a brief statement of the topical area to be studied and the rationale for undertaking an independent study.*

**SPECIFIC LEARNING OBJECTIVES:**

*This should be approximately 3-5 specific measurable learning objectives written by the student and addressing the specific areas the student wishes to study.*

**COURSE REQUIREMENTS:**

Students are expected to:

* Develop a learning contract with objectives and planned learning activities, and submit it to the instructor for approval **at least one week before the start of classes.**
* Record the number of hours spent on independent study activities throughout the semester/ summer session.
* Submit a final, signed learning contract, including actual time spent on each learning activity and completion of the “Final Status” component of the learning contract. The final learning contract should be submitted no later than **the last day of classes for the term.**
* Complete either a final “evaluation” (such as a practical examination demonstrating mastery of one or more specific laboratory skills) or a final “product” (such as a manuscript, prototype device, set of statistical analyses, computer model, instructional module, VoiceThread, grant application, etc.) that represents the knowledge/skills gained as a result of the independent study.

**LEARNING ACTIVITIES:**

*Please list the specific learning activities in which the student will participate. The total hours should reflect how much time will be spent with each activity. Students should plan to spend a total of 45-60 hrs of time per credit hr or 135-180 hrs for a 3 credit hour class. Greater time may be warranted when the experience is highly focused on lab experiences as opposed to didactic experiences.*

|  |  |  |  |
| --- | --- | --- | --- |
| **LEARNING ACTIVITY** | **TOTAL PLANNED HOURS** | **COMPLETED HOURS MIDTERM** | **COMPLETED HOURS**  **FINAL** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EVALUATION METHODS:**

*This section should outline how the student’s learning and performance will be evaluated by the instructor Evaluation methods should clearly assess the student’s accomplishments related to the learning objectives listed above. A self-assessment component is strongly encouraged.*

**MEETING SCHEDULE:**

*This area should provide a plan for when the student will meet with the independent study instructor.*

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVALS:**

Instructor Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HMSC Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINAL STATUS:**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEARNING ACTIVITIES:**

*Please identify on your Learning Plan how many hours have been completed for each activity. Please indicate any additions or subtractions from the activities identified in the Learning Plan.*

**OUTCOMES REPORT:**

*Please summarize the outcomes of your learning experience in relation to the learning objectives identified in your Learning Plan.*

**FEEDBACK FOR INSTRUCTOR:**

*Please provide constructive feedback for the instructor about the things in this experience that were helpful, and areas that could be improved for future students.*

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVALS:**

* The student has completed all course requirements.
* The student has not completed all course requirements.

**GRADE:**

* High Pass
* Pass
* Low Pass
* Failure
* Incomplete
* No grade, assign at a later time

Instructor Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HMSC Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_