Independent Study or Research

Registration form

All public health students who wish to enroll in Independent Study at the University of Arizona must complete an Independent Study Form and submit a copy to the Office of Student Services and Alumni Affairs during the first three weeks of the fall and spring semesters and the first week of the Summer Sessions. The form serves to establish the scope and focus of an independent study, provide a permanent record for the student’s academic file, and facilitate the assignment of final grades at the end of each semester. At a minimum, students will initiate meetings to report progress at mid-semester and end of semester; however, the student and faculty member should negotiate more frequent meetings as part of the independent study/research contract. Please complete the following form, obtain original signatures, and submit to:

**Doctoral/MS Programs Coordinator or MPH Program Coordinator**

Office of Student Services & Alumni Affairs | Drachman Hall, Room A302

1295 N. Martin / PO Box 245033 | Tucson, Arizona 85724

Doctoral/MS Phone: 520.626.2112 | MPH Phone: 520.626.3204

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| --- | --- | --- | --- | --- | --- |
| **Student Name** | | **Student ID #** | | | |
| Dominic LaRoche | | 02143433 | | | |
| **Academic Program** | | | | | |
|  | | | | | |
| **Independent Study Course #** | **Research Units** | | **# of Units** | **Semester Enrolled** | |
| **599**  **699**  **799**  **899** | **900** | |  | Fall 2016 | |
| **Instructor’s Name** | **Instructor’s E-mail** | | | | |
| Dean Billheimer | dean.billheimer@arizona.edu | | | | |
| **Description of Independent study**  Please list your learning objectives and how they are to be met, as well as work products (as applicable e.g., literature review, data analysis, etc.) that are to be completed as a part of the independent study or research project. Attach a separate sheet if needed. | | | | | |
| Developing methodology for analysis of compositional NGS data. | | | | | |
| **Student Signature** | | | | | **Date** |
|  | | | | |  |
| **Instructor Signature** | | | | | **Date** |
|  | | | | |  |
| **Faculty Mentor Signature**  **(necessary only if this independent study/research will be used for elective credit)** | | | | | **Date** |
|  | | | | |  |