Master of Population Health Sciences
Independent Study: Applied Research Approval Form

This form is to be completed by the student. Please send your completed form to Dr. Yikyung Park (yikyungpark@wustl.edu), who is the contact person designated to assign the coursemaster for each student.

Date: ____________________________  Mentor Name: ____________________________

Name: ____________________________  Mentor Department: ____________________________

E-mail: ____________________________  Mentor Contact Information: ____________________________

Coursemaster: ____________________________

General Description of Project:
__________________________
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Timeline

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Student Signature: ____________________________  Date: ________________

Coursemaster Signature: ____________________________  Date: ________________

Mentor Signature: ____________________________  Date: ________________