

**M19-507 Applied Research Independent Study: Approval Form**

Master of Population Health Sciences

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

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| **Student** should identify a research mentor and consult with the mentor to determine objectives, activities, and products associated with the Independent Study. | |
| **Name:** |  |
| **E-mail:** |  |

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| **Mentor** should supervise the student as he/she plans and executes the Independent Study project and provide advice and consultation to the student; assist the student in defining objectives, activities, and products associated with the student’s Independent Study; and communicate frequently with the student and coursemaster regarding Independent Study progress. | | |
| **Name:** |  | **Department:** |
| **E-mail:** |  | |

**Coursemaster Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Goal of the Independent Study (Learning objectives):** |
| **Project Title:** |
| **Project Objectives:** |
| **Description of Project:** |
| **Activities Planned:** |
| **Products of the Independent Study:** |

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| **Timeline** (Project milestone/specific activities) | ***Expected Date*** |
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***Student Signature Date***

***Mentor Signature Date***

***Coursemaster Signature Date***