

INDEPENDENT STUDY (6 UOC) APPLICATION

THE UNIVERSITY OF
NEW SOUTH WALES



SCHOOL OF PUBLIC HEALTH
AND COMMUNITY MEDICINE

Student Name: Student Number:

Program (please tick)			
MIPH <input type="checkbox"/>	MHM <input type="checkbox"/>	MPH <input type="checkbox"/>	MPH/MHM <input type="checkbox"/>
GradDipIPH <input type="checkbox"/>	GradDipHM <input type="checkbox"/>	GradDipPH <input type="checkbox"/>	MIPH/MPH <input type="checkbox"/>
GradCertIPH <input type="checkbox"/>	GradCertHM <input type="checkbox"/>	GradCertPH <input type="checkbox"/>	MIPH/MHM <input type="checkbox"/>

I propose the following independent study:

.....
.....

My proposed supervisor is:

.....

Semester:..... Year:

<p>Approved by Program Director</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signed:</p> <p>Date:</p>	<p>Approved by Supervisor</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signed:</p> <p>Date:</p>
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Please attach a brief (1-2 pages) proposal detailing:

- Specific topic area
- Outline of method
- Proposed workload (hours per week, assignments)

Once your application is approved, give a copy of this form to your program administrator in order to arrange enrolment.