



Independent Study Proposal Form

Please complete this form and review and discuss with the faculty member who has agreed to sponsor your independent study. Submit the form, signed by you and your faculty sponsor, to Dr. Michael Mello (MJMello@lifespan.org) for approval **at least three weeks prior to the start date.**

Suggested timeline:

- No later than one month before start date: meet with independent study faculty sponsor
- 3 weeks before start date: finalize project and get signature of faculty sponsor. Send signed proposal to Dr. Mello at mjmello@lifespan.org
- 2 weeks before start date: check Oasis to make sure the course is on your schedule

Student Name Date Submitted
(mm/dd/yyyy)

Faculty Sponsor Sponsor's email address

Start Date: End Date: Proposed weeks of credit:
(mm/dd/yyyy) (mm/dd/yyyy)

1. Title of Project

2. Location of Project

3. Is this a Scholarly Concentration Independent Study (BIOL 7160) Yes No

4. What incident or event made you think about what you want to learn? (700 characters)

5. Learning Objectives (what you intend to learn) (700 characters)

6. Learning Strategies (what you intend to do) (700 characters)

7. Learning Resources (what resources you intend to utilize to achieve your objectives) (700 characters)

8. What is the final product? (paper, article, development of clinical skills, presentation, etc.) (550 characters)

9. Criteria for assessment (what standards will you and your faculty sponsor use in judging whether you have met your objective) (550 characters)

10. Timetable

a. What benchmarks will be used in assessing progress?

b. How will you conduct your weekly meetings with your sponsor to discuss your project and progress? (check all that apply)

Phone

Email

Will meet in person

Working with your faculty sponsor, please specify the number of hours per week for each activity. Total weeks of credit should reflect a minimum of 40 hours per week of work. Example: 20 hours per week over a 4 week period equals 80 hours, resulting in 2 weeks of credit. **Please note: only independent studies done at Brown-affiliated institutions will be counted toward fulfilling the number of clinical elective weeks in the graduation requirements for your class.**

• Number of hours per week for required reading assignments:

• Number of hours per week for didactic instruction:

- Number of hours per week for clinical work:
- Number of hours per week for laboratory work:
- Number of hours per week, all other work (describe in the space below):

Description of other work:

Total number of hours:

Student Signature

Date:

Note: there is a maximum of 8 weeks of independent study credit (total) allowed over Years 3&4. If this proposal will cause you to exceed that limit, please fill out the information in the box below and forward the proposal to Dean Tunkel for his approval.

What is your current total of weeks of credit for independent study projects in years 3 & 4?

Please list the titles and dates of the independent study projects you have completed in the space below

Dean Tunkel's Signature

Date:

To be completed by the independent study faculty sponsor:

I have reviewed this student's independent study project proposal and agree to 1) precept this student, 2) meet with them on the timetable outlined in item 10 above, and 3) submit an evaluation of the student achievement of the learning objectives and quality of final project, as described in items 5 and 9 above, at the end of the independent study period.

Faculty Sponsor Signature

Date:

Faculty Sponsor's Title:

After signing the form, please email to Dr. Michael Mello (mjmello@lifespan.org)

To be completed by Dr. Mello:

I have read the proposal and I (check one) recommend do not recommend this project for credit.

Signature

Date:

of credits:

Comments: (700 characters)