

UNIVERSITY OF COLORADO at BOULDER

Department of Integrative Physiology

INDEPENDENT STUDY CONTRACT

IPHY 5840 (1-6 credits)

Entered Date: _____

Section #: _____

Staff Initials: _____

email to: Fac
Student

Semester Enrolling			Independent Study hours taken to date?	# of independent study hours desired for enrolling semester:
Fall	Spring	Summer		
			_____	1 - 2 - 3
				4 - 5 - 6

Name		Student Number	
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Student Signature	
Electronic Accepted	

Describe the topic you are studying. What are you proposing to do and why? What is your role on this project?

Time frame for expected completion (Dates of first experiment, # of subjects, planned meetings with faculty advisor, and project completion date):

Are human subjects involved? If so, have the appropriate forms been submitted to the campus Human Research Committee? Has approval been given?

Expected outcome (nature of work required: paper, presentation, oral examination, etc., and the length or time requirements for each type of work):

List the courses you've taken or experience you've had that give you the background for this project:

LIMITATIONS: COURSE MUST BE ADDED TO YOUR SCHEDULE BY PUBLISHED ADD DEADLINES. YOU WILL BE CHARGED TUITION FOR THIS COURSE. Masters students may receive no more than 25% of their total credit hours in the form of independent study (7 credits). There is no independent study limit for doctoral students. The Integrative Physiology Department adheres to the Graduate School and College of Arts & Sciences guidelines.

To enroll in independent study: Obtain signatures of the individuals listed below, and submit form to the Graduate Program Assistant (Marsha Cook, CLRE 113) by the ADD DEADLINE. Please check your schedule to ensure that you are correctly enrolled.

Supervisor/faculty/instructor of record, please sign below (electronic signatures accepted):

I approve this independent study and will take full responsibility for this student in the course, including the assignment of a grade upon satisfactory completion of all required work.

Faculty Sponsor Name		Faculty Sponsor Signature	
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Graduate Coordinator Signature		Date	
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