



C A L S T A T E
FULLERTON

Master of Public Health Program
 KHS-121
 (714) 278-3316 / Fax: (714) 278-5317

**INDEPENDENT STUDY (HESC599)
 MPH PROGRAM
 ENROLLMENT FORM**

Semester _____ *Fall* _____ *Spring* _____ *Date:* _____

(Please Print)

Name: _____ *Student ID No.* _____

Address: _____ *Phone: Work* _____

City: _____ *Zip:* _____ *Home* _____

NOTE: Students enrolled independent study classes are required to spend at least two hours per week in study or research for each unit of credit. Regular contact should be made with the supervising professor.

POLICY: HESC599 requires independent work of a research or creative nature that ends in a paper, practical application, comprehensive exam or performance. These units are not granted for teaching duties, administering classes, tutoring students or internships. Coursework may not be used as a sole basis for the 599 study. No more than 6 units of 599 can be applied toward completion of the graduate degree.

APPROVALS: You must prepare this proposal in consultation with the instructor who will oversee your progress and grade the final work. This proposal must also be approved by the MPH program coordinator before you can enroll in HESC 599.

Course Schedule #: _____, *Independent Research,* _____ *units*

PROPOSAL TITLE

Attach detailed proposal to this form be sure to address: purpose of study, goals of the project, specific activities related to goals and timeline, and basis for final evaluation.

Student Signature

Instructor Signature

Date

Department Chair Signature

Date