University of Connecticut
Department of Allied Health Sciences

Independent Study in Allied Health
AH 3099

Student Forms
**Independent Study in Allied Health Learning Agreement**

**Directions:**
1) Obtain an Independent Study Authorization Form (http://registrar.uconn.edu/forms).
2) Complete student section (Part I) of this Agreement.
3) Meet with the faculty instructor and complete Part II of this Agreement and obtain signature on the Independent Study Authorization Form.
4) Obtain faculty advisor signature (Part III) on this Agreement and on the Independent Study Authorization Form.
5) Submit the Independent Study Learning Agreement, supporting forms, and the Independent Study Authorization Form to the Dept of Allied Health Science’s Main Office for Department Head approval (Part IV).
6) Submit the signed Independent Study Authorization form to the Registrar’s Office. Authorization and Agreement forms must be completed by the add/drop deadline; refer to the Independent Study in Allied Health: AH 3099 Guidebook for required dates for department approval.
7) The original signed Learning Agreement and forms remain in the student’s file in the main office.

**Part I: To be completed by student:** The student assumes the responsibility to coordinate and ensure this Agreement is complete prior to submitting it to the faculty Instructor and the Department head.

**Student Name:** ____________________________  **Student ID:** __________

**Address:** _______________________________________________________________________

**Student phone:** __________________________ **Student email address:** _______________________

**Program:** ____________________________  **Concentration (if applicable):** ___________________

**Credit standing:** ____________________________  **Faculty Advisor:** ____________________________

**Student Signature** __________________________________________________________________

**Date** __________________________________________________________________

My signature verifies that I am capable of and committed to participation in the independent study as described below. I also agree to abide by the policies and procedures as outlined to me as a University of Connecticut student. I understand that failure (including but not exclusive) to meet objectives, effective requirements, institution requirements and/or attendance policies may result in an unsatisfactory grade for this independent study.

**Part II: To be completed by Faculty Instructor:** Complete after Part I has been completed and signed.

**Faculty Instructor (print name):** __________________________________________

**Faculty Instructor phone:** __________________________ **email:** __________________________

**Course Catalog number:** __________ **Section number:** ________ **Credit hours**: (variable 1- 6 credits):____

**Semester:** ____________________________  **Grading:** Graded (A-F)

*Students may count up to 6 credits of combined Independent Study, Internship, and/or International Study course work toward the major.

**Title of the Independent Study** (as it will appear on the transcript): __________________________

**Dates of participation (hourly, weekly):** __________________________

**Total hours for Independent Study:** __________________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Hours</th>
<th>Credits</th>
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<tbody>
<tr>
<td>45-60 hours</td>
<td>3-4 hr/wk X 14 wks</td>
<td>1 credit</td>
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<tr>
<td>61-120 hours</td>
<td>6-8 hr/wk X 14 wks</td>
<td>2 credits</td>
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<tr>
<td>120+ hours</td>
<td>&gt;9 hr/wk X 14 wks</td>
<td>3 credits</td>
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Part II: To be completed by Faculty Instructor: continued

Below is provided as an example of the level of detail expected on this Agreement. **Please attach a separate explanation of learning objectives.** Objectives must be specific, clearly defined and measurable:

<table>
<thead>
<tr>
<th>Learning Objectives (What will the student learn?)</th>
<th>Activities (How will the objective be accomplished?)</th>
<th>Evaluation (How will the student know the objective is met?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review current research regarding topic X in relation to Y in the primary literature.</td>
<td>Identify primary research articles from within the past two years using PubMed</td>
<td>Complete a 3-4 page double spaced typed review of the literature with citations following this Journal’s format by X date.</td>
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Basis of Evaluation /grading criteria:

<table>
<thead>
<tr>
<th>Evaluation Method</th>
<th>Submission Date</th>
<th>Grade %:</th>
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<tbody>
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Faculty Instructor Signature ___________________________ Date ___________________________

My signature verifies that I assume responsibility to oversee the academic components (academic integrity, grade submission, etc.) of this independent study. I also deem this independent study appropriate for this student to be included in the plan of study pending successful completion.

Part III: Part I: To be completed by student’s faculty advisor: Complete after Parts I and II have been completed and signed. The student assumes the responsibility to coordinate and ensure this Agreement is complete prior to submitting it to the Department head.

Faculty Advisor Signature ___________________________ Date ___________________________

I verify that the independent study described above is consistent with program objectives and pending successful (C or better) completion can be included in the student’s plan of study.

Part IV: To be completed by Department Head. Submit after Parts I, II, and III have been completed and signed.

Department Head Signature ___________________________ Date ___________________________

My signature verifies that this independent study meets the guidelines of this department as it relates to academic integrity and student participation in an independent study and that this independent study is appropriate for this student to be included in the plan of study pending successful completion.
Name of Student: ______________________________________________________

(Student ID #: __________________

Independent Study Course number: (i.e. AH 3099) ____________   Semester: ______________

By signing this form, I am accepting the statements indicated below:

1) I acknowledge that participation in an Independent Study experience is not mandatory for completion of the Allied Health Sciences major.
2) I acknowledge that the College of Agriculture, Health and Natural Resources, the Department of Allied Health Sciences, and participating faculty assume no responsibility as it relates to my personal being and that I assume full responsibility for participation in an Independent Study.
3) I acknowledge that I have received a copy of the Independent Study Guidebook.
4) I understand that it is my responsibility to read the policies and requirements as stated in this Guidebook.
5) I have had an opportunity to review and ask questions regarding the contents of the Guidebook and the requirements of the Independent Study.
6) I accept participation in the Independent Study and will abide by to the policies and requirements as outlined in the Guidebook.

____________________________________________________  ______________
Student Signature  Date

Please return this form along with the Independent Study Learning Agreement.
UNIVERSITY OF CONNECTICUT
DEPARTMENT OF ALLIED HEALTH SCIENCES
Independent Study

Personal Property Waiver Form

Name of Student: _________________________________________________________________

(Print Name)

Student ID #: __________________

Independent Study Course number: (i.e. AH 3099) ____________ Semester: ____________

My signature below signifies that I understand that during my participation in an Independent Study:

1) The College of Agriculture, Health and Natural Resources, the Department of Allied Health Sciences, and participating faculty are not responsible for loss, damage or theft to my personal property while traveling to or during an event associated with the independent study.

2) If I am at a designated facility or agency, they are not responsible for loss, damage or theft to my personal property.

3) If I bring any personal property to my Independent Study event, I understand that I assume all responsibility if it is lost, stolen, and/or damaged.

____________________________________________________  ______________
Student Signature Date

Please return this form along with the Independent Study Learning Agreement.