

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:** \_\_\_\_\_

Time	Hours	Credits
45-60 hours	3-4 hr/wk X 14 wks	1 credit
61-120 hours	6-8 hr/wk X 14 wks	2 credits
120+ hours	>9 hr/wk X 14 wks	3 credits



UNIVERSITY OF CONNECTICUT  
DEPARTMENT OF ALLIED HEALTH SCIENCES  
Independent Study

**Rights and Responsibilities Form**

Name of Student: \_\_\_\_\_  
(PRINT NAME)

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.**