



Department of Environmental Health

Independent Study Agreement Form

Use this form to petition and provide details for an *EH 300 Independent Study*. Review this form with the instructor sponsoring the Independent Study, your Faculty Advisor, and Barbara Zuckerman, Academic Administrator/ Assistant Director of Faculty and Academic Affairs, and obtain their signatures. Return the completed form to Barbara (bzuckerm@hsph.harvard.edu) during the registration period for the semester of the Independent Study.

STUDENT INFORMATION

STUDENT: _____ **DATE:** _____

AREA OF SPECIALIZATION: _____ **HUID:** _____

ADVISOR: _____

SEMESTER/YEAR OF THE INDEPENDENT STUDY _____

NUMBER OF CREDITS OF INDEPENDENT STUDY _____

Below, please provide a **detailed** description of the research you plan to undertake during your Independent Study. *You may also attach your proposal to this form.*

I have confirmed my Independent Study research project with my Academic Advisor.

Student Signature: _____ Date: _____

REQUIRED SIGNATURES

I have spoken with the student and agree to supervise their proposed Independent Study research project.

Instructor Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Academic Administrator Signature: _____ Date: _____