

Eastern Illinois University
College of Education and Professional Studies
Independent Study Form – HST 4741

- Independent Study is an individual project under faculty supervision dealing with pertinent literature, research, programs or other activities related to selected topics in Health Studies.
- Based upon available resources, the request for independent study will be prioritized as follows:
 1. Health Studies Majors
 2. Health Studies Minors
 3. Non-Health Studies students
- Expectations
 - Student will correctly and professionally complete the Independent Study Form
 - Student will correctly and professionally complete the *Independent Study (I.S.) Update* form AND consistently submit the form within the required time frames.
 - Student will submit a final product that exhibits an understanding of the profession, is suitable for presentation in a professional setting, and demonstrates an effective level of understanding of major concepts.
- Grading Scale:
 - A = Exceptional B = Exceeds Expectations C = Meets Expectations
D = Does Not Meet Expectations

STUDENT SHOULD COMPLETE THIS FORM AND RETURN TO FACULTY MENTOR

Student Name:

Banner ID:

Student email:

GPA: (Minimum 2.5)

Number of HST hours completed: (Minimum of 15 in HST required)

Number of Credit Hours request
(Limit: HST Majors: up to 6 hours; non-majors up to 3 hours)

Number of total clock hours:

(Required: 45 clock hours per semester hour. Hours will be documented by completing and submitting the attached monthly *Independent Study (I.S.) Update* form)

Semester or Time Frame for Completion:

Description of Activity: Provide a brief description of planned activity. Include a monthly timeline for tasks or components to be completed and the nature or form of the **final product**. (A final product could be a written summary of activity or results; a powerpoint presentation of activity or results; actual product such as a brochure, survey, poster, resource manual; presenting the project to a class; or submission to present at a conference. Use attachments if needed.

Student Signature: _____ Date _____

Faculty Mentor:

Faculty Signature: _____ Date: _____

_____ Approved _____ Disapproved

Comments:

Department Chair

Date: _____