

**Department of Epidemiology and Preventive Medicine
MPH Program
PREV 789 INDEPENDENT STUDY RECORD**

Title of Course: _____

Credit Hours: _____ **Grading Method** A,B,C, or P/F

(Note: 1 contact hr/wk, 15 wks=1 credit; usually 2 hrs/wk independent work by student included in 1 credit)

Objectives of elective **:

How objectives will be met*:**

Schedule for activities:

Method of evaluation:

Student Name and Signature:

Faculty Sponsor(s)*: _____ **Signature(s):** _____ **Date:** _____

***Must be member of UMB Faculty**

****Attach outline of course**

*****Attach reading list for course**

This form must be submitted to the MPH Program Office prior to the semester in which the course is taken

Return the signed original of this form to
Teena Maultsby
University of Maryland School of Medicine
Department of Epidemiology and Preventive Medicine
660 West Redwood Street
Academic Office
(410) 706-0539