



University of East-West Medicine

Independent Study Application

Each student enrolled in a supervised Independent Study, research, or reading course must have an agreement on file in the Dean's Office. The content of any Independent Study must be a subject for which there is no current learning experience at the University.

All Independent Study projects must get advance approval by the sponsoring faculty member and Dean. This completed form must be approved prior to receiving a schedule number and application to add.

Student Name: _____ Student ID Number: _____

Faculty Sponsor: _____

Semester: _____ Year: _____

Program: MSTCM DAOM TAICHI OTHER _____

Proposed Title: _____ Course #: _____ Units: _____

Optional: the required course this study will substitute: _____

1. Describe the proposed Independent Study. Include a description of the work to be accomplished (attach additional sheets if needed).

2. Describe the nature of the final report, the expected end product or deliverables.

3. Describe the basis for determining the final grade.

Student (e)Signature: _____ Date: _____

Faculty (e)Signature: _____ Date: _____

Dean/VPAA (e)Signature: _____ Date: _____