

Page 2:

CLRES 2085

MS Directed Research / Independent Study Form

MS Directed Research / Independent Study Form

Student's Name:

PeopleSoft ID:

Term:

University of Pittsburgh Faculty Sponsor:

Sponsor Faculty Email:

Department of Sponsor Faculty:

Other Participating Faculty:

- 1.
- 2.
- 3.

Title of Directed Research/ Independent Study:

Number of Contact Hours:

Credits to be Issued for Directed Research/ Independent Study (1-3):

(1 credit= 16 contact hours per term, 2 credits=32 contact hours per term, 3 credits=48 contact hours per term).

Grading Option: (choose one)

Letter grade

H/S/U

Learning Objectives:

- 1.
- 2.
- 3.
- 4.

Assignments and corresponding deliverables (literature review, problem sets, project development proposal, etc.):

Student Signature/Date

Faculty Sponsor Signature/Date

ICRE Advisor Signature/Date

For Office Use Only

Approved: _____

Date: _____

Not Approved: _____

Page 4:

CLRES 2085

**Certificate in Clinical and Translational Science
for Doctoral Students in the Health Sciences
Directed Research / Independent Study Form**

Certificate in Clinical and Translational Science for Doctoral Students in the Health Sciences
Directed Research/Independent Study Form

Student's Name:

PeopleSoft ID:

Term:

University of Pittsburgh Faculty Sponsor:

Sponsor Faculty Email:

Department of Sponsor Faculty:

Other Participating Faculty:

- 1.
- 2.
- 3.

Title of Directed Research/ Independent Study:

Number of Contact Hours:

Credits to be Issued for Directed Research/ Independent Study (1-2):

(1 credit= 16 contact hours per term, 2 credits=32 contact hours per term).

Grading Option: H/S/U

Learning Objectives:

- 1.
- 2.
- 3.
- 4.

Assignments and corresponding deliverables (literature review, problem sets, project development proposal, etc.):

Student Signature/Date

Faculty Sponsor Signature/Date

ICRE Advisor Signature/Date

For Office Use Only

Approved: _____

Date: _____

Not Approved: _____