

NEW YORK UNIVERSITY SCHOOL OF MEDICINE
OFFICE OF REGISTRATION/STUDENT RECORDS
PROPOSAL FOR AN INDEPENDENT STUDY PROJECT

LAST NAME FIRST NAME CLASS OF
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____
ADVISORY COLLEGE: _____ STUDENT ADVISOR: _____

INDEPENDENT STUDY PROJECT:

TITLE OF PROJECT: _____

FULL DESCRIPTION OF PROJECT: (Use additional pages if necessary)

- 1) What is the specific aim of the project?
- 2) Provide a brief description of the project and site at which the work will be performed.
- 3) What do you expect to realistically accomplish during this research elective?
- 4) How will this project contribute to the existing body of knowledge?

PRECEPTOR (PRINT): _____

DEPARTMENT (PRINT): _____ TELEPHONE #: _____

LOCATION-HOSPITAL/SCHOOL: _____

DATES OF RESEARCH: _____ # OF WEEKS ELECTIVE CREDIT REQUESTED: _____

STUDENT'S SIGNATURE: _____ DATE: _____

I agree to supervise this student in the performance of the independent study project described above, including the design, execution and report of the project.

PRECEPTOR'S SIGNATURE: _____ DATE: _____

*****FOR OFFICE USE ONLY*****

Approved as independent study project: Yes _____ No _____

Approved as research elective: Yes _____ No _____

Number of Weeks Elective Credit: _____

Signature: _____ Date: _____

Veronica M. Catanese, M.D., Associate Dean