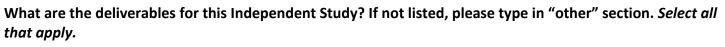
FMPH 498 PRE-ENROLLMENT FORM

Complete the questions below to request an independent study course. Submit the completed and signed form to the MPH Program Coordinators (mphinfo@health.ucsd.edu) for processing. A Course Section ID code will be requested from the Registrar's Office once the form is received. Please allow 72 hours for this course to be created and posted in the Schedule of Classes. Once the section has been created, this information will be sent to the email address that you provided on the form. Grading Method is Satisfactory/Unsatisfactory Only. If you have further questions, contact the MPH Program Coordinators.

SECTION I: Student Information

STUDENT NAME:					STUDENT PID:	_
STUDENT EN	MAIL ADDRESS:				-	
CONCENTRA	ATION:					
Epidemiology			🗆 Health Be	havior	🗆 Public Mental Health	
□ Technology/Precision Health			□ Health Policy		General Public Health	
QUARTER Y	OU PLAN TO EN	IROLL IN FMPH	498:			
🗆 Fall	\Box W	'inter	\Box Spring		□ Summer	
SECTION II:	Faculty Mento	r Information				
FACULTY NA	AME:					
FACULTY EN	AIL ADDRESS:					
SECTION III:	Independent S	Study Details				
Number of						
	r face-to-face + 2 h		•		_	
🗌 1 unit	🗆 2 units	🗆 3 units	🗆 4 units	🗆 5 units	☐ 6 units	
	-				ollowing types of independent study	
	-	ase type in "ot	her" section). S	elect all that a	ipply.	
Data colle						
•		or tool (e.g. apj	oly a new statis	tical method, c	levelop a new instrument)	
Literature						
-	a manuscript					
•	•		methods, resu			
		-	kill; demonstra	•		
-	-	-	e.g. draft docu		-	
□ Grant pro	oposal process	(e.g. develop gi	rant design, rat	ionale, protoco	ol development)	1
Revised July 20	021					-

Please provide a brief description of what you will be doing for this Independent Study.



- □ Written section of manuscript
- □ A complete draft of a manuscript
- □ Written response to review comments
- □ A detailed analysis plan
- U Written questionnaire
- □ Set of tables and figures for manuscript
- □ Submission of IRB protocol
- □ Written literature review
- □ Detailed report on review or finding
- \Box Other (please specify):

SECTION IV: Faculty Mentor Attestation

My signature verifies that I: (1) support all of the plans detailed above, (2) will be available to guide the student through this independent study, and (3) will submit a grade based on the student's performance at the conclusion of this quarter.

Independent Study Faculty Mentor

Signature