

New Mexico State University
Department of Public Health Sciences
Room 102, Health & Social Services Building
1335 International Mall
P.O. Box 30001, MSC 3HLS
Las Cruces, NM 88003
Phone 575-646-4300
Fax 575-646-4343
Email kittle@nmsu.edu
Dept web site <http://publichealth.nmsu.edu>

INDEPENDENT STUDY AGREEMENT

HLS 490 -or- MPH 590

Student's Name _____

Course No. _____

Student's Social Security

No. _____

Phone No. _____

Semester & Year in which
course is to be completed: _____

Please list your cumulative
Grade Point Average (if
known): _____

Academic Major: _____

No. Course Credits Applied

For: _____

Reason for Requesting to Complete an Independent Study

Note: Independent studies are not to be used as a substitute for a required course without approval of a course substitution/waiver form signed by your advisor, department head, and with the approval of the CHSS Dean's Office.

REQUIREMENTS: Please list the specific requirements for this independent study, including a sample list of readings (if applicable) and a detailed description of specific projects (if applicable).

METHOD OF EVALUATION (be as specific as possible):

Signatures (required):

Student	Date
Instructor	Date
Advisor	Date
Academic Department Head	Date

Distribution: Copy to each of the above