



MED 800C - Global Health Capstone

SELECTION FORM
INDEPENDENT STUDY (899) and RESEARCH (800) ELECTIVES

Please complete this form and return to dposkus@arizona.edu. An advisor will be assigned.

Student Name _____

Student Phone # _____ Student E-mail _____

Student SID # _____

Number of Units _____ [Note: The University and Board of Regents have set a standard of 45 hours of course work for each unit of credit awarded.]

Project/Faculty Advisor _____ Advisor Email _____

Semester/Dates of Enrollment _____ Advisor Phone _____

Department _____

Title of Project _____

Estimated hours per week Student will spend on project _____

Estimated Project Advisor/Student contact hours per week _____

Estimated number of weeks project should take to complete _____

Description of project, including anticipated product detailing: (1) learning outcomes, (2) expected reading or lab or field work, (3) expected meetings, (4) expected work products, and (5) criteria to be used for evaluation and grading.

Blank lines for project description

SIGNATURES:

Student _____ DATE _____

Project/Faculty Advisor _____ DATE _____