



SOC 100 INDEPENDENT STUDY COURSE ENROLLMENT FORM

Credit: Use this form only for experiences in the United States NOT listed in the HMS Course Catalog. These independently arranged experiences are not graded. A "Cr" (credit awarded towards degree) designation will appear in your transcript. Use SOC900.41 or applications for international independent study.

Deadline: Application for academic credit must be approved at least 30 days prior to the start date of the experience. Credit will not be assigned after the fact. Incomplete forms will not be reviewed. Use SIM500 for applications for scholarly project independent study.

Application Process: The student and the preceptor should complete both pages of the form. To request credit, the student needs the approval of their Society Director or Associate Director on this form. Once all these approvals are obtained, the student should submit page one of this form and a description of the experience to the Registrar's Office, which will record the independent study on the student's academic record. Upon the completion of the experience, the preceptor needs to submit to the Registrar's Office: (a) a written brief evaluation of the experience and verification that the experience, as outlined on this form, was successfully completed and (b) page two of this form documenting the actual hours spent. The student needs to submit to the Registrar's Office: (a) start and end dates of the project and number of hours worked per week; (b) a short summary of your experience (what you actually did) and your evaluation of the experience and your own learning. Credit is not awarded until these items are received.

STUDENT INFORMATION

Name: _____ ID #: _____ Graduation Date: _____ Society: _____

Title of Independent Study: _____

Signature: _____ Date: _____ Original Class: _____

EXPERIENCE INFORMATION

Preceptor's Name:

Preceptor's Title:

Organization / Lab:

Address:

City/Region: _____

Telephone:

Fax:

Email: _____

Exact Dates of Project Start Date:

End Date:

Please attach the following on a separate piece of paper with your name on it:

1. Describe 2-3 goals of your proposed project.
2. Describe 2-3 clinical or study objectives.
3. Provide a complete narrative description of your proposed experience. Describe how the experience will inform your future career as a physician. If a clinical elective, provide a detailed description about the clinical setting, the patient population served, types of diseases encountered, typical day (morning rounds, case conference, on call schedule etc.).
4. Education modality (eg clinical, research, opportunity to write a publication, give a presentation, etc.).
5. Method(s) of assessing your own experience.

We expect you will be working full time for a minimum of 4 weeks. If not, please note this in your essay.

APPROVALS

1. Society Director/Associate Director Signature: _____ Date: _____

Print Name: _____

Number of Credits recommended by Director/Associate Director: _____

Credit type: _____ Nonclinical Elective _____ Clinical Elective (check all that apply)

2. Preceptor Signature: _____ Date: _____

TO BE COMPLETED BY THE ON-SITE PRECEPTOR at the end of your experience:

HMS Student Name: _____

Time Spent in Independent Study. Where applicable, give a report of the amount of time fulfilled in the student's activity. In general one month of full-time work (4 weeks of 40 hours/week) equals 4 credits.

Were specific reading assignments given? ____ Yes ____ No (please check one). If yes, indicate number of hours per week for required reading assignments

Number of hours per week of outside reading

Number of hours per week for didactic instruction

Number of hours per week for clinical work

Number of hours per week for laboratory work

Number of hours per week of unsupervised work

Number of hours per week for all other work (*please define*)

Total number of hours per week:

Total weeks of independent study:

Method of evaluation (i.e., exam, paper, presentation, etc.): _____

Preceptor Signature: _____ **Date:** _____

Preceptor Name: _____

HMS REGISTRAR'S OFFICE SECTION

Title of Independent Study: _____

AY: _____ Period Taken: _____

Credits: _____ Credit Type: _____ Independent Study Recorded in Database: _____

Date Preceptor Evaluation Received: _____ "Cr" Recorded in Database: _____

Copy of Preceptor Evaluation Put in Student File: _____ Copy sent to Society: _____

HOW TO DETERMINE CREDIT HOURS

To calculate credit hours: Total hrs/week X total weeks = number of credits to be assigned

Examples: $\frac{10 \text{ hrs/week} \times 16 \text{ weeks}}{40} = 4 \text{ credits}$ **OR** $\frac{40 \text{ hrs/week} \times 4 \text{ weeks}}{40} = 4 \text{ credits}$

Month-long Experiences:

- 1 month full-time work requires 4 weeks of 40 hrs/wk to equal 4 credits
- 1 month of half-time work requires 4 weeks of 20 hrs/week to equal 2 credits
- No credit is given to month long experiences designed to be less than 20 hrs/month
- 4 credits is the maximum that will be awarded for a one-month experience.

Part-time Longitudinal Experiences:

- 40 hours/semester = 1 credit; 80 hours/semester = 2 credits; 120 hours/semester = 3 credits; 160 hours/semester = 4 credits.
- Minimum credit hours that will be assigned is 2 credits/semester.
- 12 credits is the maximum that will be awarded for a longitudinal experience.
- 24 credits is the maximum that will be awarded for a full year (2 semesters) experience.