**Student Name**: Click here to enter text. **Student Number**: Click here to enter text.

**Program:** Choose an item.

Term: …………………………………. Year: …………………………………

**Supervisor Name**: Click here to enter text. **Email (if not SPHCM)**: Click here to enter text.

**Co-supervisor Name (optional)**: Click here to enter text. **Email (if not SPHCM)**: Click here to enter text.

*\*Note: at least one supervisor must be a SPHCM academic*

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| --- |
| **Title:** |
| **BACKGROUND**Outline the rationale for undertaking the independents studies. |
|  |
| **LEARNING OUTCOME/S**State your proposed learning outcomes and how they will contribute to the broader learning outcomes of your program |
|  |
| **PROPOSED ASSESSMENT/S**Outline the assessment type, weighting and brief description of the proposed assessments. Indicate with course learning outcomes |
|  |

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| --- |
| **TIMEFRAME /FEASIBILITY OF SCOPE OF WORK** |
| *Include a table with the weeks of the Term/s and when tasks will be completed shaded. Include a statement re. feasibility of completing the core tasks within the enrolment period, based on assessment of starting skillset, supervision/input to support acquisition of new skills, potential barriers).* Example timeline:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tasks** | **Prior** | **Wk1** | **Wk2** | **Wk3** | **Wk4** | **Wk5** | **Wk6** | **Wk7** | **Wk8** | **Wk9** | **Wk10** |
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| Draft report (or other) |  |  |  |  |  |  |  |  |  |  |  |

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| **REFERENCES** |
|  |

Student signature: …………………………… Date: ………………………………

Supervisor signature: …………………………… Date: ………………………………

Independent Study Co-ordinator signature: ……………………… Date: ………………………

Once your application is approved, please email a soft copy of the form and proposal to mh.resproject@unsw.edu.au so that your enrolment can be processed.