

___Original Topic
___Change in Topic

Semester/Year: _____

*PhD Program in Gerontology
306 Health Sciences Bldg
900 S. Limestone*

*University of Kentucky
Lexington, KY 40536-0200*

INDEPENDENT STUDY INFORMATION SHEET

(To be completed by student and faculty/staff supervisor)

Course Number and Section _____

Student Name: _____

SS#: _____

Faculty/Staff Supervisor: _____

Descriptive Title of Independent Study

Summarize below: (1) the central theme(s) of the study; (2) learning goals and/or expected outcomes of the study; (3) means of evaluating student progress and learning. Include where appropriate scheduled student/supervisor meeting dates, evaluation dates, and deadlines.

Student Signature

Date

Supervisor Signature

Date

**The student and supervisor should maintain a copy of this form,
with the original submitted to The Director of Graduate Studies.**