**University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences**

**Independent Study Approval Form**

**PHRD 7855-001/002**

**(Revised by the Curriculum Committee 7/5/2010; Last Updated May 12, 2023)**

*The conduct of an Independent Study project requires consideration and approval by an Independent Study Course Director. To be considered for approval, two forms must be completed by the supervising faculty member who must be a regular full-time School of Pharmacy faculty member. The first is this approval form that confirms involvement and approval by the relevant parties. The second, the Proposal form, must be completed by the supervising faculty member. Both forms should be submitted together at least 6 WEEKS prior to the anticipated start date of the study, e.g., MAY 1 (for summer semester), AUGUST 1 (for fall semester) or DECEMBER 1 (for spring semester). The Independent Study must be approved by an Independent Study Course Director prior to beginning work on the Independent Study project.*

*Independent Study title:*

*# Credits requested: (select one) Semester*: *(select one) Year: (select one)*

**Independent Study Student.** By signing below, you have read and understand the requirements set forth in the proposal for the above-noted Independent Study and you consent to complete the proposed Independent Study. In addition, you declare that you are (i) not receiving payment for conducting work in this study and (ii) not receiving credit towards another course for work conducted in this study.

*Signature of Student Date*

*Name of Student (Printed) Student ID #*

**Supervising Faculty Member.** By signing below, you declare that you are a full-time School of Pharmacy faculty member and you consent to supervise the abovementioned student in the proposed Independent Study and to submit a complete proposal (using the format described in the Independent Study Guidelines) for approval.

*Signature of Supervising Faculty Member Date*

*Name of Supervising Faculty Member (Printed)*

TO BE COMPLETED UPON APPROVAL OF THE INDEPENDENT STUDY PROJECT

**Independent Study Course Director.** By signing below, you are documenting that the Independent Study has been approved.

*Signature of Independent Study Course Director Date*

*Name of Independent Study Course Director (Printed)*

**Instructions to PharmD Program Director.** If the Course Director has signed the section above, the abovementioned student has approval to be enrolled in an Independent Study course

*Signature of PharmD Program Director Date*

*Name of PharmD Program Director (Printed)*