University of Connecticut BME Undergraduate (BME 4999)
Independent Study Request Form

A student requesting independent study credit needs to complete this form as well as the Independent Study Authorization Form located at the registrar’s website https://registrar.uconn.edu/forms/

Both forms must be submitted to the BME Department no later than the fourth week of classes.

Student Name ______________________________________  NetID __________________________________

Email Address_______________________________________________________________@uconn.edu

Title (use same title as on the registrar’s form) _______________________________________________

_____________________________________________________________________________________

Semester & Year_______________________________________________________________________

Instructor’s Name______________________________________________________________________

BME Track:  ________Biomaterials & Tissue Engineering

________Biomechanics & Mechanobiology

________Computational & Systems Biology

________Systems, Imaging & Instrumentation

Attach a description of the independent study: Include the list of topics to be covered, work to be performed and any books and other references to be used;

How will the final grade be determined? __________________________________________________

_____________________________________________________________________________________

Note: All independent studies require the submission of a written report by the last day of classes (Friday before finals). The length of the report is minimum 5000 words (excluding references) for a 3 credit Independent Study (prorated for 1 & 2 credit hours). A copy of this report must be turned into the BME office.

Student Signature___________________________________________________Date________________

Instructor Signature__________________________________________________Date_______________

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BME Department Approval

Print_____________________________Signature______________________________Date__________

Report Received in BME Office: Date______________________________