Animal Science Independent Study Syllabus

**Note:** This form **will not** be returned to the student following signature by the Department Head

Student Name: __________________________ Instructor: __________________________

Semester (Fall/Winter/Spring/Summer): _____ Year: _____

Course Section: __________________________

Catalog No: __________________________

Mode of Instruction: In person: _____ Online: _____ Distance Learning: _____ Hybrid: _____

Will the student handle animals? Yes or No _______ If yes, student must fill out Form E, sign it, and email to Sharon.Aborn@uconn.edu. Sharon Aborn will submit to EHS.

1. a. Title of this project to appear on transcript:

   b. Briefly describe learning objectives, duties, responsibilities:

   c. Expected outcomes and minimum requirement to achieve a satisfactory grade:

2. a. On average, number of hours per week student will dedicate to the project: __

   b. Number of course credits student will receive: ___

   c. Expected start date and end date of independent study: _____

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Instructor and student should each keep a copy of the completed syllabus. This form should then be attached to the completed university Independent Study Authorization Form and submitted for signatures.

1. Student Signature: __________________________ Date: ______________
2. Instructor Signature: __________________________ Date: ______________
3. Advisor Signature: __________________________ Date: ______________
4. Department Head Signature: __________________________ Date: ______________

Please obtain signatures #1-3 above before this form is submitted to the Department Head for signature.

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