

# Preceptorship/Independent Study Proposal

P R I T Z K E R S C H O O L O F M E D I C I N E

Donnelly Biological Sciences Learning Center · 924 East 57th Street · Suite 104 · Chicago, IL 60637

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Preceptorship/Independent Study Proposal

Course Title: \_\_\_\_\_

Course Instructor: \_\_\_\_\_ Email Address: \_\_\_\_\_

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_ Month(s): \_\_\_\_\_

Department: \_\_\_\_\_

### Please provide the following information on a separate piece of paper:

- **Description of Course:** Brief description of course content or project description.
- **Objectives:** What the student should be able to do following the course.
- **Evaluation:** How will faculty know the student has achieved objectives?

**Credit Hours:** Credit hour assignments will be made by the Associate Dean for Medical School Education.

*To help us calculate appropriate number of credits, please provide the following information about workload:*

# hrs working directly with faculty: \_\_\_\_\_ (# hrs/session) x \_\_\_\_\_ (# days or sessions/wk) x \_\_\_\_\_ (# weeks) = \_\_\_\_\_

Independent/supplementary study: \_\_\_\_\_ (# hrs/wk) x \_\_\_\_\_ (# weeks) = \_\_\_\_\_

Signature of Course Instructor : \_\_\_\_\_

**Attach project description and outcomes.**

## For Pritzker School of Medicine Use Only

### Pritzker School of Medicine Approval

- Return this completed form to Pritzker School of Medicine, BSLC 104, for review and approval.
- Once approved, confirmation of the final credit determination will be sent to your University email address.

Halina Brukner, MD \_\_\_\_\_

Date: \_\_\_\_\_

Associate Dean for Medical School Education

Course Assigned: \_\_\_\_\_

Final Credits: \_\_\_\_\_

**If you have questions, please contact David Zupko (773) 702-3994.**