

**School of Public Health and Health Systems (SPHHS)
HLTH 472 Independent Study Agreement to Supervise (Form 472)**

Student name

Student ID number

SPHHS supervisor information (to be completed by the supervisor)

Name

Email

Proposed start term and year

Fall

Winter

Spring

Year

Proposed title (maximum of 30 characters, including spaces)

Course focus

If your student is planning on using the course to fulfill a specific cluster requirement for their Health Studies or Public Health degree, please confirm the course will have one of the following specific focus. If your student is using it as a free elective or Capstone (Public Health student only), then please select "Not Applicable".

Methods/Application

Health Systems and Policy

Social Behavioural Science

Population Health

BioHealth

Not Applicable

Please sign below indicating you agree to supervise the student's independent study.

Independent Study Supervisor Signature _____

Date _____