UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

ANIMAL SCIENCE

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: _____

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: _____

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

4. Department Head Signature: _____ Date: _____