Diabetes Certificate

Independent Study Description

*(To Be Completed Prior To Beginning of Semester and Submitted to Director of the Diabetes Certificate)*

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| --- | --- | --- | --- | --- |
| Semester | Academic Year | Course Number  **NUTR 4932** | Student | Department/College |
| First and Last Name of Mentor | | | Estimate the Number of Hours (during the entire semester)  you intend to dedicate to this Independent Study: | |

**Description:** Please write a clear and concise description of what you intend to do for the independent study. **(Bulleted format is fine; attach an additional sheet if necessary).**

**Expected Outcomes:** Please write expected outcomes for your proposed independent study. This will be used at the end of the semester to evaluate if you met and followed through with your original plan.

**For Mentor:**

I, , have read students proposal for their Independent Study in Diabetes, and agree to oversee the

above proposal. I also agree to complete a final evaluation for this student, and return final evaluation to the Diabetes

Certificate Coordinator.

**For Student:**

I, , agree to complete the proposed plan for my Independent Study in Diabetes. I acknowledge

that I am held accountable for obtaining the number of credit hours agreed upon by myself, my mentor, and the Diabetes

Certificate Coordinator.

Please Sign and Date: (Note: In an effort to cut down on paper waste, students may email this document to the Diabetes Certificate Coordinator, and carbon copy his/her mentor as an indicator of agreement by both parties.)

Student Signature:

Mentor Signature:

Contact Information for Diabetes Certificate Coordinator:

*Jennifer M. Yoder, MS, RDN, LD Diabetes Certificate Coordinator*

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