

**UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences
SPPS 496 APPE Independent Study Course Proposal**

Student Name: _____ Academic Year _____

Term: Summer ____ Fall ____ Winter ____ Spring ____ Units: ____ (1-7)

SPPS Faculty Advisor on Proposed Course of Study: _____

Course Preceptor: _____

Brief Description of Proposed Course of Study:

Objectives of Proposed Course of Study:

Proposed Activities:

Evaluation Procedures:

Student Signature

Date

Print Faculty Name

Faculty Signature Acknowledging
Approval of Proposal

Date

Associate Dean for Academic Affairs

Date

Curriculum Coordinator
Assignment of Section ID Number

Date

**Faculty Signature Acknowledging
Successful Completion**

Date