



Harvard Medical School / Harvard School of Dental Medicine
SOC 900.41
INDEPENDENT STUDY IN AN INTERNATIONAL SETTING
COURSE ENROLLMENT FORM

STUDENT INFORMATION

Name: _____ ID #: _____
 Graduation Date: _____ Society: _____ Class: _____ Original Class: _____
 Title of Independent Study: _____
 Signature: _____ Date: _____
 Home Country: _____ Date of Birth (MM/DD/YYYY) _____

INTERNATIONAL EXPERIENCE INFORMATION

(In Country) Preceptor's Name: _____ Preceptor's Title: _____
 Organization / Lab: _____
 Address: _____

 City/Region: _____ Country: _____
 Telephone: _____ Fax: _____
 Email: _____
 Exact Dates of Project Start Date: _____ End Date: _____
 Exact Dates of Travel Departure: _____ Return: _____

Please attach the following on a separate piece of paper with your name on it:

1. Goal of your proposed project.
2. Clinical or study objectives.
3. Your direct faculty supervisor in the country where you are going (if not listed above) and their contact information.
4. Complete narrative description of your proposed project.
5. Education modality.
6. Method(s) of assessing your own experience.

APPROVALS

1. Master/Associate Master Signature: _____ Date: _____
 Print Name: _____
 Number of Credits recommended by Master/Associate Master _____
 Credit type: _____ Nonclinical Elective _____ Clinical Elective (check all that apply)
 2. Course Director (or designate) Signature: _____ Date: _____

TO BE COMPLETED BY THE ON-SITE INSTRUCTOR/PRECEPTOR:

Time Spent in Independent Study. Where applicable, give an estimate of the amount of time required for this activity. In general one month of full-time work (4 weeks of 40 hours/week) equals 4 credits.

Will specific reading assignments be given? Yes No (please circle). If yes, indicate number of hours per week for required reading assignments	_____
Number of hours per week of outside reading expected	_____
Number of hours per week for didactic instruction	_____
Number of hours per week for clinical work	_____
Number of hours per week for laboratory work	_____
Number of hours per week of unsupervised work	_____
Number of hours per week for all other work (<i>please define</i>)	_____
Total number of hours per week:	_____
Total weeks of independent study:	_____

Method of evaluation _____
(i.e., exam, paper, presentation, etc.)

Preceptor Signature: _____ Date: _____

Course Director (or designate) Signature: _____ Date: _____

PROCESS FOR APPROVAL OF ANY INTERNATIONAL EXPERIENCE

1. Student should meet with the Society Master/Associate Master to discuss your proposal and determine their approval process needed for this experience.
2. To apply for credit, you must:
 - Get the approval and signature of both your Society Master/Associate Master AND the Chair of the Faculty Committee on International Programs (who is also the Course Director) on this form. Have your on-site instructor/preceptor complete the section on Time Spent in Independent Study, sign and date the form.
 - Submit this form, with all the appropriate signatures and narrative, to the Office of Enrichment Programs, TMEC 265 (in the Holmes Society), a minimum of 80 days prior to your departure date. OEP will take the form to the HMS Registrar's Office, which needs to receive this form 60 days in advance of your departure. The Registrar will not accept this form if you have already left for your independent study. You also need to complete an add/drop form (available on-line or from the Office of the Registrar) to add this SOC900.41 course. (If you decide not to go through with this independent study, please let the Office of the Registrar know.)
3. To receive credit:
 - At the end of your experience, the on-site project sponsor or faculty preceptor must submit to the Chair of the Faculty Committee on International Programs a written evaluation of the work you completed and the number of hours you worked. This letter must be on the sponsor's letterhead and can be submitted to the HMS/HSDM Office of Enrichment Programs in person; by fax: 617-432-5868; by mail: Office of

Enrichment Programs/Division of Service Learning, Harvard Medical School, 260 Longwood Ave, Rm. 265, Boston, MA 02115-6092, USA; or by email: write to kari_hannibal@hms.harvard.edu.

- At the end of your experience, you should submit to the Office of Enrichment Programs for the Faculty Committee on International Programs to review: (a) a short written summary (no more than 3-5 pages) of your experience (what you actually did), (b) your evaluation of the experience and your own learning, (c) your evaluation of the site as site for future students, and (d) the number of hours you worked.

The Chair of the Faculty Committee on International Programs will contact you if there are any questions about your report or the report of your in-country preceptor. The OEP/DSL will forward these reports and your grade sheet to the Office of the Registrar. Credit will be given according to the Registrar's guidelines and is determined by how many hours a week were dedicated to the experience. No credit will be given if the OEP has not received your in-country preceptor's letter, your summary of your experience, and your hours worked.

3. To apply for funding, contact the HMS/HSDM Office of Enrichment Programs/Division of Service Learning. Instructions on available OEP funding, applying for OEP funding, and deadlines are also available via the OEP/DSL web page through *mycourses.med.harvard.edu*. You are welcome to discuss your ideas with the OEP Program Manager for International and Language Programs in the OEP/DSL, TMEC 265 (in the Holmes Society).
4. You will be enrolled in travel/emergency evacuation insurance while overseas. Contact the OEP/DSL for information on your coverage.
5. Please keep a copy of this form for your records.

HMS REGISTRAR'S OFFICE SECTION

Title of Independent Study: _____
AY _____ Period Taken _____
Credits _____ Credit Type _____ Independent Study Recorded in Database _____
Date Preceptor Evaluation Received _____ "Cr" Recorded in Database _____
Copy of Preceptor Evaluation Put in Student File _____ Copy sent to Society _____

HOW TO DETERMINE CREDIT HOURS

To calculate credit hours: $\frac{\text{Total hrs/week} \times \text{total weeks}}{40} = \text{number of credits to be assigned}$

Examples: $\frac{10 \text{ hrs/week} \times 16 \text{ weeks}}{40} = 4 \text{ credits}$ **OR** $\frac{40 \text{ hrs/week} \times 4 \text{ weeks}}{40} = 4 \text{ credits}$

Month-long Experiences:

- 1 month full-time work requires 4 weeks of 40 hrs/wk to equal 4 credits
- 1 month of half-time work requires 4 weeks of 20 hrs/week to equal 2 credits
- No credit is given to month long experiences designed to be less than 20 hrs/month
- 4 credits is the maximum that will be awarded for a one-month experience.