**Northwestern University Medical School**

Department of Psychiatry and Behavioral Sciences

Division of Psychology

**Clin Psy 499 Permission Form**

Name of Student:

Name of Instructor:

Quarter:

Year:

**I. Goals of Independent Study**

Please indicate the primary goal of the independent study. Second, tertiary, and additional goals may be added, if necessary.

Please indicate the specific Course Objectives and competencies that the course will address. Consult the “Goals\_Objectives\_Competencies.doc” document in the “Memos” folder of the shared drive for typical program objectives and competencies. Please note, however, that the goals, objectives, and competencies proposed in an independent study do not have to come from the program’s existing goals, objectives, and competencies.

**II. Rationale for Need for Independent Study**

Provide a clear rationale for why an independent study on this topic is needed, including why existing coursework does not adequately address the topic area and/or the goals, objectives, and competencies of the independent study.

**III. Proposed Bibliography**

Indicate the texts and primary sources that will be used in the independent study.

**IV. Proposed Method of Evaluation**

**Provide a detailed description of the methods used to evaluate if the competencies described above are obtained. If more than one method is used, assign grade proportions to each method that equal 100% when totaled. Provide some idea of the grading rubric that will be used to evaluate the quality of the student’s response to the evaluation methods.**

**The** grading scale should be included as follows: A = 93-100; A- = 90-92; B+ = 87-89; B = 83-86; B- = 80-82; C+ = 77-79; C = 73-76; C- = 70-72; D+ = 67-69; D = 63-66; D- = 60-62; F = 0-59. Decimals will be rounded to the nearest whole number.

 APPROVED:

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Instructor Date

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Instructor Date

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Director of Clinical Training Date