**Diabetes Certificate INDEPENDENT STUDY DESCRIPTION**

*To be completed prior to beginning of semester of enrollment and submitted to director of Diabetes Certificate.*

Semester: Fall: [ ]  Spring: [ ]  Summer: [ ]  Year Click or tap here to enter text.

Course number: NUTR 4932 default Click or tap here to enter text.

Student: Click or tap here to enter text.

Department/College: Click or tap here to enter text.

First and last name of mentor: Click or tap here to enter text.

Estimate the number of hours during the semester to dedicate to this Independent Study:

DESCRIPTION:

EXPECTED OUTCOMES: What will result from your work?

**For mentor:**

I, Click or tap here to enter text., have read student’s proposal for their independent study, 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. 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.

**Sign and date:**

Student signature:

Mentor signature:

Diabetes Certificate Coordinator: Click or tap here to enter text. Date: Click or tap here to enter text.

**Contact information for Diabetes Certificate Coordinator:**

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