Procedure for Enrolling

1. Independent study requires approximately 3 – 4 hours of work per week for each credit of enrollment.

2. The student initiates the independent study.

3. Student discusses the focus of the independent study.

4. The student completes the attached form, obtains approval of the faculty instructor, and subsequently, the approval of the division director.

5. The division or student forwards a copy to the Office of Practice and Professional Graduate Programs (OPPGP), so an override can be input. Original goes in student file.

6. Students should initiate this form prior to the start of the semester. This procedure precedes formal registration; therefore, sufficient time needs to be allowed.
Nursing 697: Independent Study Approval Form

Last Name: _____________________________ First & Middle Name: ______________________

UM ID: ___________ Email: ___________________________ Phone: ______________

Term/Year of Independent Study: _________________________________________________

Number of Credit Hours: ____________________________ Graded or Pass/Fail ____________

Will Course Meet a Program Requirement?  Yes ___________   No ______________

Description of Proposed Independent Study (or attach sheet): _______________________

______________________________________________________________________________

______________________________________________________________________________

Rationale (how proposal fits into student’s program plan and goals for study): __________

______________________________________________________________________________

______________________________________________________________________________

Evaluation Criteria for Independent Study: __________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Student Signature         Date

______________________________________________________________________________

Supervising Faculty Signature   Faculty Ind Study Section #   Date

______________________________________________________________________________

Division Director Signature        Date

______________________________________________________________________________

OPPGP Signature        Date override processed