Nursing 797: Independent Study Approval Form

(TO BE COMPLETED PRIOR TO ENROLLMENT)

Procedure for Enrolling in Independent Study:
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 with a faculty member who will supervise the experience; the number of credits is determined on the basis of the nature of the substantive work involved.
4. The student completes the form below, obtains the approval of the N797 faculty instructor, and subsequently, the approval of the Assistant Dean, Graduate Program, Office of Academic Affairs.
5. The Assistant Dean, Graduate Program, Office of Academic Affairs notifies the student on action taken.
6. This procedure for approval precedes formal registration; therefore, sufficient time needs to be allowed.

Please submit this form to the Assistant Dean, Graduate Program, Office of Academic Affairs

Name (Please Print) ___________________________ Date ___________________________

UM ID ___________________________ Email ___________________________ Phone Number ___________________________

I request approval for _____________ credits. Independent Study Sec # ________________

Term of consideration:

___ Fall ___ Winter ___ Spring ___Spring/Summer ___ Summer Year: 20___

Will this course meet a program requirement? _____ Yes _____ No

Description of Proposed Independent Study: ___________________________________________

_________________________________________________________________________________

Rationale: (how this proposal fits into the student’s program plan and goals for study: _____________

_________________________________________________________________________________

Student Signature ___________________________ Date ___________________________
Supervising Faculty Signature ___________________________ Date ___________________________

Program Director Approval: _____________ APPROVED _____________ DENIED

Program Director Signature ___________________________ Date ___________________________