

UNIVERSITY OF MICHIGAN SCHOOL OF NURSING

OFFICE OF STUDENT, ACADEMIC & MULTICULTURAL SERVICES

400 N. Ingalls, Suite 1160, Ann Arbor, MI 48109

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Doctoral Student Special Enrollment Request Form

(Nurs 883, Nurs 884, Nurs 885, or Nurs 886)

These courses are intended to enable students to pursue special areas of theory and research within their concentrations. They may be conducted as independent study with individuals or in small groups. N883 and N884 serve as the third level in the concentrations and presume that students have completed the first two courses. N883/884 may be repeated twice; N885/886 may be repeated up to three times. They may be taken during any semester, depending on faculty availability. The courses are offered for three (3) credits each.

Procedures

(must be submitted at least two weeks prior to the start of the semester in which the course will be taken)

1. Independent study requires approximately 3-4 hours of work per week for each credit of enrollment.
2. The student initiates enrollment in the course.
3. Student discusses the focus of the selected topic with advisor and identifies relevant faculty. Agreement is then obtained from the faculty member who will provide supervision.
4. Faculty and student jointly develop a plan for the course, objectives to be attained, and requirements to be met.
5. The student completes and signs the Special Enrollment Request Form, obtains the signature of the supervising faculty and the director of the doctoral program, in that sequence.
6. If approval is obtained from all parties, the student may proceed to register for the course.

(Please Print)

Last Name, First & Middle

Date

UM ID

Email

Phone Number

I request approval for course number _____ for three (3) credits.

Term of consideration:

Fall Winter Spring Spring/Summer Summer

Year:

20____

Proposed plan and rationale for course selection (describe how the course fits into program plan and goals for study): _____

List concentration courses completed to date: _____

Student Signature

Date

Supervising Faculty Signature

Date

Program Director Approval: _____

APPROVED

_____ DENIED

Program Director Signature

Date