UNIVERSITY OF MICHIGAN SCHOOL OF NURSING

OFFICE OF STUDENT, ACADEMIC & MULTICULTURAL SERVICES

400 N. Ingalls, Suite 1160, Ann Arbor, MI 48109 Phone: (734) 763-5985 Fax: (734) 647-1419

GRADUATE PROGRAM

Nursing 797: Independent Study Approval Form

(TO BE COMPLETED PRIOR TO ENROLLMENT)

Program Director Signature

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.

Name (Please Print)		Date	
UM ID	Email	Phone Nu	mber
I request approval for	credits.	Independent Study Sec #	
Term of consideration:			
Fall Winter	_SpringSpring	/Summer Summer	Year: 20
Will this course meet a prog	ram requirement?	YesNo	
Description of Proposed Inc	lependent Study:		
Rationale: (how this propos	al fits into the studer	nt's program plan and goals for stud	y:
Student Signature	Date	Supervising Faculty Signature	Date

Date