Nursing 797: Independent Study

GRADUATE PROGRAMS

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 with the faculty member who will supervise the experience.

4. The student completes the attached form, obtains approval of the faculty instructor, and subsequently, the approval of the PhD Program Director.

5. The PhD Program Director 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

PhD Program Director Signature     Date

OPPGP Signature     Date override processed