University of Texas-Houston School Of Nursing

INDEPENDENT STUDY FORM

A student wishing to enroll in the Independent Study course should complete this form before registration for the term in which the course will be taken. **Agreement is not complete without both the faculty and student's signature.** Student should discuss the taking of an Independent Study course with their faculty advisor before signing up for an Independent Study course.

**RETURN THIS FORM TO THE STUDENT AFFAIRS OFFICE, ROOM 220**

Student's Name: ___________________________ Student ID# : ______________

Student’s Phone #: ___________________ Student e-mail: ______________________________

Semester (Please circle): Spring Summer Fall YEAR: ______________

Number of Credit Hours for Course: _____________

Clinical Agency to be Used: ___________________________________________

Independent Study Title: ____________________________________________________

Course or Topic Description: __________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Course or Topic Objectives: __________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Strategy (ies) for Achieving Objectives: ________________________________________

__________________________________________________________________________

Criteria for Evaluation: ______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Course Grading System (circle one): Pass/Fail Letter Grade (A-F)

Faculty's Signature: ___________________________________ Date: ____________

Student's Signature: ___________________________________ Date: ____________