Cizik School of Nursing at The University of Texas Health Science Center Houston

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**. <u>Agreement is not complete without both</u> <u>the faculty and student's signature</u>.** 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:_____