

**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. **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.

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RETURN THIS FORM TO THE STUDENT AFFAIRS OFFICE, ROOM 220  
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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: \_\_\_\_\_