

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: _____