

**NURS 8500  
Independent  
Study Form**

**Student Name:**

**Banner ID #:**

**CRN #:**

**Faculty of Record:**

**Number of Course Hours:**

**Semester to Complete: Date Form**

**Completed:**

This NURS 8500 Independent Study Form is to track student independent study experiences throughout the program. This internal form remains in the student's file as a record of student's educational experiences to meet the elective requirements in the PhD program.

**COURSE DESCRIPTION**

NURS 8500 Independent Study (1-3) May be repeated. May count a maximum of 6 s.h.

P: Consent of instructor. Independent exploration of an area(s) of interest in nursing science.

**1. Faculty description of the study activity for the student:**

**2. Student learning objectives for the experience developed by faculty and student:**

**3. Student outcomes to meet stated objectives:**

4. Faculty signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Student signature: \_\_\_\_\_ Date: \_\_\_\_\_