

The University of Texas at Austin  
School of Nursing  
**Agreement for Independent Study Course**

*This form is due in the Graduate Student Affairs office (NUR 2.412) prior to registration for the course.*

Student: \_\_\_\_\_ EID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ Course No.: \_\_\_\_\_ Unique No.: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

Reason(s) for Interest in the Course or Topic:

\_\_\_\_\_ Requirements of Degree

\_\_\_\_\_ Elective

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

Course or topic description:

Meeting Dates/Times:

Course or topic objectives:

Criteria for evaluation:

\_\_\_\_\_  
Print Instructor's Name

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\* For use with N 194, N 294, N 394, N394-DQE, N 494, and N 297P.