

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

This form is due in the Graduate Student Affairs (NUR 2.104L) prior to registration for the course.

Student:

EID:

Semester/Year:

Course #:

Unique #:

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:

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.