An independent study is a student-initiated experience planned to permit students to pursue an area of interest in nursing with the guidance of a faculty preceptor. Refer to Policy 367.

### CRITERIA
- Open to nursing students at all levels
- Availability and interest of faculty preceptor
- Selection, by student, of a learning experience related to nursing
- Completion of prescribed methodology
- Contract is mandatory to be submitted with the form

### METHODOLOGY
1. The student interested in registering for an independent study must initiate contact with a potential faculty preceptor indicating the area of interest. It is recommended that this contact be initiated at least the term prior to the term for the desired independent study course.

2. If the student cannot identify a potential faculty preceptor, he/she should contact an academic advisor for suggestions.

3. Within two weeks of the initial contact, the student must present a written draft to the faculty preceptor who will review the plan. The plan should include:
   - Purpose of study
   - Course objectives
   - Contact time
   - Requirements
   - Evaluation methods
   - Credit allotment

4. The student registers for the Independent Study course by using the appropriate Class Number of the faculty that is overseeing the study.

5. All students registering for the course must complete this form and submit it to the Student Affairs & Alumni Relations (SAAR).

It is vital that all students complete the Independent Study Information form so that the faculty member overseeing the students’ work can post the appropriate course grade at the end of the term. Students should check with an advisor in SAAR if they are unsure whether the course should be for a letter grade to meet program requirements.

### INDEPENDENT STUDY INFORMATION SHEET
This form must be completed by the student for each independent study course. Please submit this form and a copy of the signed learning contract to Student Affairs & Alumni Relations to complete the enrollment process. This form will be accepted instead of “Admission to Closed or Restricted Class.”

Name: _______________________________ Student ID: ________________

Pitt email: _______________________________ Term/Year (Fall, Spring, Summer): ________________

Subject & Number (i.e. NUR 1028): __________________________ Class Number (5-digit i.e. 23456): ________________

Student Signature: __________________________ Date: ________________

To be determined by faculty: Credits: __________________________ Letter Grade or Pass/Fail: ________________

Faculty Name and Signature: __________________________ Date: ________________

### FOR ADMINISTRATION USE ONLY:

Name: _______________________________ Signature: _______________________________

Permission Number: __________________________ or Registration Date: __________________________

Completed Plan (purpose, objective, time, etc.) ☐ YES ☐ NO