University of Pittsburgh | Health Sciences School of Nursing

University of Pittsburgh – School of Nursing

Independent Study Guidelines for Nursing Students

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, they 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 Center for Student Success.

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 the Center for Student Success 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 the Center for Student Success 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