

BOSTON COLLEGE GRADUATE SCHOOL OF NURSING

INDEPENDENT STUDY -NURS7101(XX)

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO THE GRADUATE PROGRAMS OFFICE. A SECTION WILL BE CREATED FOR THE FACULTY MEMBER AND THE GRADUATE OFFICE WILL REGISTER YOU IN THAT SECTION FOR THE SEMESTER/YEAR INDICATED BELOW.

STUDENT'S NAME: _____	DATE: _____
SEMESTER/YEAR:	
FALL: _____	
SPRING: _____	
SUMMER: _____	

Objectives and Outcomes for this Independent Study* **(Please note if this Independent Study is counting for a required course as part of your plan of study i.e. elective or other).**

*Attach additional page if needed to describe the objectives and outcomes for the Independent Study.

Student Signature: _____

Date: _____

Faculty Signature: _____

Date: _____

Graduate Program

Staff Signature: _____

Date: _____