

**FLORIDA ATLANTIC UNIVERSITY
CHRISTINE E. LYNN COLLEGE OF NURSING**

CONTRACTUAL AGREEMENT/DIRECTED INDEPENDENT STUDY

This contract is an agreement between the student _____ and
his/her instructor _____ for _____ semester hours
of academic credit to be earned during the _____ semester, _____.

The student is to complete items 1 through 6. Please use reverse side if additional space is needed.

1. Introduction: _____

2. Objectives: _____

3. Plan of work (by objective, is appropriate) _____

4. Tentative resource list: _____

5. Proposed product(s): _____

6. Criteria for evaluation: _____

I accept that the above statements define the contractual agreement for Directed Independent Study and will govern the student's participation in the program and his/her evaluation.

Student Signature and Date

Instructor Signature and Date