

FLORIDA ATLANTIC UNIVERSITY CHRISTINE E. LYNN COLLEGE OF NURSING

DIRECTED INDEPENDENT STUDY (DIS) PROPOSAL

This form (with descriptive document outlined below) must be signed and submitted to the appropriate College of Nursing Graduate Program Office (Master’s, DNP or PhD) **PRIOR** to departmental approval for student registration.

Student Name

Z Number

Phone _____

FAU E-mail _____

Semester/Year

Course # and CRN #

Credits

Specific Title of Study for Transcript

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(Maximum of 21 characters for course title on transcript)

Attach a written document that includes the following:

1. Course description
2. Course objectives
3. Plan of work
4. Description of how the student will be evaluated with proposed course products (paper, project, exams, clinical hours, etc.)
5. Grading criteria
6. Tentative resource list

I have read the information listed above and the attached DIS document. I agree to the conditions as described.

 Student Signature

 Date

 Instructor Signature

 Date

 Assistant Dean/Director Signature

 Date