

MU Sinclair School of Nursing

Problems/Independent Study Course Title and Contract

This document must be returned to the SON Student Advising office immediately after course registration by your Problems/Independent Study course instructor.

Please submit completed and signed agreements to your faculty member or Student Advising office.

Student Name: _____ MU Student #: _____

Graduate Faculty Advisor (if applicable): _____ Course Faculty: _____

20_____ N3350

Fall Semester N7085

Spring Semester N8085

Summer Session N9710

Required permission numbers may be obtained from the MUSSON Student Advising offices.

Grading method: S/U Reg. A-F Credit Hours needed: _____

Course title: _____

(You must discuss the title with your Problems/Independent Study course, with your Instructor.)

Reason(s) for Course/Topic Interest:

Degree requirements

Full-time student status

Access to MU campus resources

Signatures are required:

Student:

Faculty:

PhD and DNP students please complete sections on second page.

Page Two

Course or topic objectives:

Criteria for evaluation:

Please submit completed and signed agreements to your faculty member or Student Advising office.