Independent Study for DNP Students  
NURS7890 / Independent Study

Course Description:

NURS7890 is an academic course completed outside of the required classroom, clinical, or college laboratory experiences that provide the learner with an opportunity to pursue an area of interest in depth. This course may not be used to substitute for required courses. The course is supervised by a faculty member and approved by the Program Director. A contract must be completed by the student and approved by the faculty member and the Program Director prior to the semester in which the Independent Study is to be conducted. Faculty approval is required before the student can register for this course.

Course Objectives:

1. To build foundational knowledge and/or experience essential to achieving program requirements.

Student Learning Objective: Please provide the list of Student Learning Objectives, which will be determined by the student and the faculty.

Credit Allocation: Offered as variable credit 1-4 semester hours.

Required Text: Per arrangement with Faculty Advisor

Teaching Learning Strategies: Faculty-student contracting Faculty mentorship with student reading textbooks and other materials

Grading Policy: This course is graded with letter grades and an earned grade of B or better is required for passing.

Grading Scale:
A: 90 - 100%
B: 80 - 89.5%
C: 70 - 79.5%
D: 60 - 69.5%
F: <59.5%

Assessment of Learning: Faculty written evaluation of contracted activities.

Class Schedule/Activities: Please provide the list of activities, which will be decided by the student and the faculty. By signing below, you are stating you agree to this contract:

__________________________________________________________________________________________________________________________________________

Student Signature Date

__________________________________________________________________________________________________________________________________________

Faculty Signature Date

__________________________________________________________________________________________________________________________________________

Program Director Signature Date