

**OFFICE OF THE REGISTRAR
THE JOHNS HOPKINS UNIVERSITY
SCHOOL OF NURSING**

INDEPENDENT STUDY/RESEARCH FORM

Name of Student (Print)

Program

Semester/Year

Number or assigned credit hours

Student description of project:

Upon completion of this independent study/research/internship, the faculty supervisor will submit a grade to the Office of the Registrar. [Refer to respective academic manual for details concerning the School's policy about independent study.]

Student Signature

Date

Faculty Supervisor Signature

Faculty Supervisor Name (Print)

Faculty Advisor Signature

Faculty Advisor Name (Print)