

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

**INDEPENDENT STUDY FORM**

\_\_\_\_\_  
**Name of Student**

\_\_\_\_\_  
**Program**

\_\_\_\_\_  
**Semester/Year**

**Number or assigned credit hours** \_\_\_\_\_

**Grading method (Pass/Fail)** \_\_\_\_\_

**Purpose:**

**Course Objectives:**

**Assessment/Deliverables (aligned to objectives):**

**\*include due dates**

**Course Materials:**

**Upon completion of this independent study/research/internship, the faculty supervisor will submit a grade to the Office of Student Records. [Refer to Academic Catalog and Student Handbook for details concerning the school's policy about independent study.]**

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**Student Signature**

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**Date**

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**Faculty Supervisor Signature**

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**Faculty Supervisor Name (Print)**

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**Faculty Advisor Signature**

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**Faculty Advisor Name (Print)**

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**Program Director Signature**

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**Program Director Name (Print)**