

**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.]

Student Signature

Date

Faculty Supervisor Signature

Faculty Supervisor Name (Print)

Faculty Advisor Signature

Faculty Advisor Name (Print)

Program Director Signature

Program Director Name (Print)