

University of Illinois at Chicago

College of Nursing

## **NUEL 399 Independent Study Application**

2 Semester Hours: Requires 30 hours of active learning/semester

### Application Process

1. Identify an area of study.
2. Contract with a faculty member to facilitate the development and implementation of the learning experience.
3. Provide the following information in a one page document:
  - **Academic Term and Year**
  - **Student Name and UIN #**
  - **Faculty Member Name**
  - **Title of Independent Study Learning Experience**
  - **Specific Learning Objectives**
  - **Description of Learning Experience**
  - **Outcome Product**
    - **Paper**
    - **Presentation (describe audience and format)**
    - **Other (describe)**
  - **Semester Weekly Timeline Demonstrating the Plan for Completing the Independent Study Experience**
4. Submit this signed form with the one page document to your academic advisor to be placed in your Office of Academic Programs student file.

Student Signature\_\_\_\_\_

Faculty Signature\_\_\_\_\_

Advisor Signature\_\_\_\_\_