



## Summary of N799 Independent Study Course

**Instructions:**

- Type Information All fields must be filled in.  
(you will need the Free Adobe Acrobat Reader version 5.0 or higher to type your information into the fields)
- Attach appropriate documentation if applicable.
- Include Name and Campus ID on all attachments.
- Submit completed form to the Graduate Academic Services Coordinator, Suite 1100
- Deadline to submit this form is the last day of the semester.

This form records your independent study experience in your student record for future reference.

STUDENT INFORMATION		
Campus ID	Student Name	
COURSE INFORMATION		
Semester Course was Taken (i.e. Fall 2008)	Number of Credits Taken	Grade Received
Faculty Supervisor	Preceptor (if used)	

**Description of Experience:** You may use extra paper if needed. (Beginning statement of goals and objectives may also be attached.)

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Clinical Preceptor (if used):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Faculty Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_