

**UNIVERSITY OF PITTSBURGH**  
**NUR 1061: Independent Study in Nursing-Guidelines**

**DEFINITION:** An independent study is a student-initiated experience planned to permit undergraduate students to pursue an area of interest in nursing with the guidance of a faculty preceptor. Refer to [Policy 367](#).

**CRITERIA:** Independent Study may be taken for 1-3 credits.

- Open to undergraduate students at all levels
- Availability and interest of faculty preceptor
- Selection, by the student, of a learning experience related to nursing
- Completion of prescribed methodology

**METHODOLOGY:**

1. The student interested in registering for independent study must initiate a contact with a potential faculty preceptor indicating the area of interest. It is recommended that this contact be initiated during the term preceding the term for the desired independent study course.
2. If the student cannot identify a potential faculty preceptor, he/she should contact an academic advisor for suggestions.
3. Within two weeks of the initial contact, the student must present a written draft to the faculty preceptor who will review the plan. The plan should include:
  - Purpose of the study
  - Course objectives
  - Contact time
  - Requirements
  - Evaluation methods
  - Credit allotment
4. Faculty will confer with the Department Chairperson regarding the feasibility of the course of study.
5. The student registers for NUR 1061 by using the appropriate undergraduate Class Number of the faculty that is overseeing the study. All students registering for NUR 1061 must complete the “Independent Study Information Sheet” form and submit it to the academic advisor.

It is vital that all students complete the Independent Study Information form so that the faculty member who is overseeing the students’ work can complete the appropriate grade report.

***Independent Study Information Sheet***

This form must be completed by the student for each independent study course. Please submit this form and a copy of the signed learning contract to the Student Services Office to complete the enrollment process.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Faculty Name: \_\_\_\_\_

Term: \_\_\_\_\_ # Credits: \_\_\_\_\_ Class #: \_\_\_\_\_

Completed Plan Form (purpose, objective, time, etc.)?  YES  NO

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For the web