

YALE UNIVERSITY SCHOOL OF NURSING

GUIDELINES FOR PREPARING AN INDEPENDENT STUDY CONTRACT

N704a or b are Independent Studies; an “a” signifies Fall, a “b” Spring. A year-long experience has no letter designation (N704). This elective study is initiated by faculty or student and negotiated with the faculty. The purpose is to allow in-depth pursuit of individual areas of interest and/or practice with the guidance of a faculty member.

An Independent Study is comparable to any academic course. As such, it is subject to the same policies described in Instructions for Course Schedules.

Intent to carry an Independent Study is shown on the Course Schedule at the beginning of the semester by listing the course number and the study title.

CREDIT CALCULATION:

1 classroom (theory) hour per week per semester = 1 credit

3 clinical/laboratory hours per week per semester = 1 credit

A semester is 15 weeks long, except for the summer term which is 12 weeks in length.

CONTRACT:

- * The contract is due in the Student Affairs Office no later than 2 weeks after the beginning of classes.
- * The contract must be signed by the student, the faculty member(s), the appropriate Specialty Director, and the Director of Student Affairs
- * The contract must include the following, to be attached to the contract face sheet:
 - * A statement of purpose
 - * Objectives
 - * Methodology
 - * Frequency, type of meeting with faculty, e.g., tutorial, clinical, conference, seminar, etc.
 - * Site (if lab or practicum)
 - * Desired outcome
 - * Method of evaluation
 - * Demonstration
 - * Scholarly paper
 - * Etc.
- If the independent study is for clinical work, all clinical placements and preceptors must be arranged and documented according to current policies and procedures including: a completely executed Clinical Experience Agreement, Schedule A, and courtesy faculty appointment.

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INDEPENDENT STUDY CONTRACT

N704 ____ (select a or b or leave blank for year-long experience)

TITLE OF STUDY:

Classroom/Seminar Experience: ____ hours/week ____ # weeks

Clinical/Lab Experience: ____ hours/week ____ # weeks

Clinical Conference: ____ hours/week ____ # weeks

CREDITS: _____ (see Guidelines for calculation formula)

If this is a clinical practice experience, the following information must be provided:

Clinical Preceptor Name:

Agency, Address:

Telephone:

I am aware of the expectations for the Independent Study and have discussed them with the faculty member(s) with whom I will work.

Student name (printed)

Signature

Date

Student ID#: _____ Specialty

The contract and the typed statement of purpose, etc. (attached) have been reviewed.

Signature of Faculty

Date

Signature of Specialty Director

Date

Signature of Assist. Dean for Student Affairs

Date

besl/indstudy 02/08