

YALE UNIVERSITY SCHOOL OF NURSING

GUIDELINES FOR PREPARING A SUMMER INDEPENDENT STUDY CONTRACT

N704c is a Summer Independent Study. 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.

CREDIT CALCULATION:

1 classroom (theory) hour per week per semester (12 weeks) = 1 credit

3 clinical/laboratory hours per week per semester (12 weeks) = 1 credit

COST:

Tuition is calculated at a rate of \$1,055.00 per credit, plus a \$285 Student Technology Fee.

CONTRACT:

- * The contract is due in the Student Affairs Office at the beginning of summer term.
- * The contract must be signed by the student, the faculty member(s), the appropriate Program Director, and the Registrar.
- * 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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SUMMER INDEPENDENT STUDY CONTRACT

N704c

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: _____

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 signature

Program of study

Date

Student ID#: _____

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

Faculty signature

Date

Signature of Specialty Director

Date

Signature of Assist. Dean for Students

Date