**Plan for NURS:7800**

**PhD Independent Study**

This form must be submitted to Abbie Beadle, PhD Program Coordinator, at the time of registration.

**Student Name:** **UID:**

**Semester:** **No. of s.h. credit:**

**PURPOSE IN UNDERTAKING INDEPENDENT STUDY:**

**PLAN** (Briefly describe what is to be included, such as nature and intent of clinical practicum, investigative study, written papers, conferences, seminar, etc.)

Faculty Sponsor:

 Signature Date