FLORIDA ATLANTIC UNIVERSITY CHRISTINE E. LYNN COLLEGE OF NURSING

PROPOSAL FOR DIRECTED INDEPENDENT STUDY

This form must be signed and submitted to the Graduate Program Office **PRIOR** to registration for credit(s) to be recorded.

_____ _____

Student Name **Z Number**

_____

Address, City/State, Zip

_____

Phone

_____ _____ _____

Semester/Year **Course #/Sequence #** **Credits**

Specific Title of Study for Transcript

(Maximum of 21 characters for course title on transcript)

DESCRIPTION OF STUDY:

_____ _____

Student Date

_____ _____

Instructor Date

_____ _____

Assistant Dean/Director for Graduate Studies Date