



School of Nursing
3333 University Way
Kelowna, BC
V1V 1V7

OKANAGAN

Directed Studies Application

Part 1: To be completed by the student. Please print clearly.

Name: _____ Student #: _____
Full legal name

Supervising Professor: _____

Course name and number: **NRSG 512** Total credits upon successful completion **3**

Part 2: To be completed by the professor in consultation with the student.

Course methodology (check one):

- Research** (generation of original data)
- Readings** (in-depth literature review)
- Lecture/Seminar**
- Other** (please specify) _____

Provide a course description and attach a detailed outline: _____

Start Date: _____ End Date: _____

Student Evaluation:

Provide a detailed description of how the student will be evaluated by listing each course component as a percentage of the final grade: _____

Number of instructional hours (hours per week of student-professor contact): _____

Number of independent study hours (hours per week of independent student work): _____

Part 3: Signatures

Reviewed and duly approved by:

Student: _____ Date: _____

Professor: _____ Date: _____

Unit Head: _____ Date: _____

Dean: _____ Date: _____