

**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**

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

**Specific Title of Study for Transcript**

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\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Dean/Director for Graduate Studies

\_\_\_\_\_  
Date