



TNURS 600 – Independent Study or Research

Student _____ Faculty _____

Quarter/year _____ Credits _____ CR/NC ONLY

Must be approved by faculty in order to obtain registration codes.

A. OBJECTIVES:

B. PLAN FOR ACHIEVING OBJECTIVES:

Approved _____	_____	_____	_____
	<i>Faculty signature</i>	<i>Date</i>	<i>Student's signature</i> <i>Date</i>

Three copies needed: student; faculty; student permanent file