

## School of Nursing

## Independent Study/Reading Course Form

Name:	Student Number: B00
Student signature:	Date
Title/topic:	
Course instructor (print):	
Course instructor signature:	Date
Faculty supervisor (print):	
Faculty supervisor signature:	Date
Associate Director signature:	Date

Attachment: Syllabus, including description, methods of evaluation, evaluation rubrics

Approved: GSC, 09 Dec 2019