

**SCHOOL OF NURSING  
INDEPENDENT STUDY CONTRACT**

**Directions:** This form is to be completed by the student and given to the faculty preceptor. One the faculty member agrees to the contract, it is signed and a copy is given to the SON Secretary for placement in the student's file.

I. State clearly and concisely learning objectives.

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II. Describe, in detail, learning activities and timeline for activities.

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III. Describe, in detail, evaluation criteria.

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Student Signature

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Date Signed

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Faculty Signature

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Date Signed

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Director Signature

\_\_\_\_\_  
Date Signed