

**DNP Contract
for
Independent Study (NRDNP 891)**

Name _____ Track _____ Phone # _____

Course Number _____ Course Title _____

Semester/Year _____ Credit Hours _____

List title or describe topic of study:

List your learning objectives:

Describe how these objectives will be accomplished:

Describe how activities will be evaluated:

Student Signature _____ Date _____

Faculty Signature _____ Date _____

Advisor Signature _____ Date _____

DNP Program Director _____ Date _____

**Medical University of South Carolina
College of Nursing**

Prior to registering for Independent Study (NRDNP 891)

1. Discuss the proposed course with a faculty member
2. Obtain consent of a faculty member (to precept the student) for the proposed course
3. Complete contract form with a faculty member specifying:
 - a) purpose of the proposed plan
 - b) learning objectives of the course
 - c) evaluation criteria and method
4. Contract form must be signed and dated by the faculty and student.

Once the form has been completed, the student must submit the contract to the Office of Student Services, College of Nursing room 216. The student and faculty should keep a copy of the contract.

You cannot preregister for NRDNP 891 until you and your preceptor have completed and signed this contract.

NOTE: Students must have successfully completed all prerequisites for NRDNP 891 before they will be allowed to register for this course.

I certify that I have completed all prerequisites for enrolling in NRDNP 891.

Student Signature _____

Date: _____