BOSTON COLLEGE
Connell School of Nursing

Procedure for Directed Independent Study in Nursing – NURS4911

Directed Independent Study in Nursing is an opportunity for a student to engage in learning activities that are of interest beyond the required nursing curriculum. Examples include research studies, literature reviews, or preparation of manuscripts for publication. In general, clinical practice projects are not allowed because the agencies have numerous contract requirements and require direct faculty supervision.

The student should first discuss project ideas with his or her faculty advisor, who can suggest possible faculty mentors. It is the student’s responsibility to contact a potential faculty mentor to explore the possibilities. The faculty mentor should confer with the Nursing Department Chair prior to agreeing to supervise the student, since NURS4911 adds to the workload of the faculty member. The advisor, the faculty mentor, and the Nursing Department Chair must sign this form prior to enrollment of student in the course. A copy of this signed form must be submitted to the Undergraduate Programs Office so the NURS4911 section can be added to the course listings and the student can be enrolled.

NURS4911 may be taken for 1-3 credits and counts as an elective. For each credit, the student should expect to work on the project a minimum of three hours per week throughout the semester. The project must be over and above other curriculum requirements and responsibilities such as those of an Undergraduate Research Fellow. NURS4911 can only be taken pass/fail. There will be no letter grade given. The mentor is responsible for evaluating the project and assigning a grade at the end of the semester.

Student Name: ________________________________________________________________

Eagle ID Number: ______________________________

Number of credits: _______ Semester for NURS4911: __________________________

Signature of NURS4911 Faculty: ____________________________________________ Date: _______

Signature of Faculty Advisor: ________________________________________________ Date: _______

Signature of Department Chair: ______________________________________________ Date: _______

**Attach additional sheets with the following information:**
Title of project
Description of project activities
Measurable outcomes expected
Methods of evaluation
Other information required by NURS4911 Faculty

Approved by BPC 03/21/2012