



Nursing Student Affairs
University of California, San Francisco
2 Koret Way, Room N319X
San Francisco, CA 94143-0602

REPORT OF INDIVIDUAL/GROUP INDEPENDENT STUDY

(To be completed when student adds the course to the study list)

Quarter: Fall Winter Spring Summer

Year: (e.g., 2002-03)

Student's Name:

Course #: N 248 N 249

Units:

Specialty:

Title of Study:

Brief Description:

Instructor's Name:

Instructor's Signature: _____

Return this form to the Office of Student Affairs.
Please note: *Failure to submit this form will result in no documentation of study*
Please keep a copy of this form for your own files