VILLANOVA UNIVERSITY
COLLEGE OF NURSING
GRADUATE PROGRAM

GUIDELINES

INDEPENDENT STUDY IN NURSING – NUR 9002
ADVANCED STUDY IN NURSING – NUR 9004

INTRODUCTION

The purpose of an independent study project (NUR 9002 or NUR 9004) is to provide you with an opportunity to pursue an area of interest in depth and without the constraints of regularly-scheduled class times, assigned readings, and pre-determined objectives for learning. As the project "director", you -- in collaboration with a faculty advisor/sponsor -- formulate your own learning objectives, determine the specific approaches to be taken in meeting those objectives, and set your own time frame for completion of the project. These "Guidelines" are designed to assist you in that process.

Although the responsibility for designing the project and following it through to completion rests with you, the faculty advisor/sponsor plays a most significant role in the independent study project process. The faculty advisor/sponsor serves as a guide, a resource, a sounding board for ideas and plans, and a reviewer and critique of the project during all its stages. The relationship between you and your faculty sponsor in this instance is one of professional colleagues in the pursuit of a creative, unique synthesis of ideas and previous learnings.

SPECIFIC GUIDELINES

DUE DATES The application/proposal for Independent Study (see attached form) must be submitted on or before the date specified below, which depends on the semester in which you plan to enroll in NUR 9002 or NUR 9004. **Completion of NUR 9002 is a prerequisite for all MSN students to enroll in NUR 9004**

October 1 for a Spring enrollment
February 1 for a Summer enrollment
February 1 for a Fall enrollment

FORMAT The application/proposal form and project approval form must be typed.

FACULTY SPONSOR **A summary of data about each faculty member who will be available to sponsor Independent Study projects can be obtained from the Graduate Program office.** This summary includes information about the faculty member's educational preparation, research areas, clinical area of focus, and general interest areas. You are expected to read all this information and identify the faculty member(s) whom you think could best sponsor your proposed project. It then becomes your responsibility to make an appointment with this (these) faculty member(s) to discuss the proposed project and secure the agreement of one faculty member to serve as your Independent Study sponsor. **NOTE:** Students enrolling in NUR 9002 during the summer term have the option to be assigned an advisor/sponsor or seek out another faculty member to serve as sponsor.

Once you have secured the approval of a faculty sponsor, the attached Project Approval Form must be completed, signed by you and your study sponsor, and returned to the Graduate Nursing Program office. The completed form must be submitted on or before the date specified above.

NOTE: Students enrolling in NUR 9002 during the summer are responsible for contacting the faculty assigned to NUR 9002 to discuss plan for independent study prior to the start of the summer semester.

GRADUATE STUDENT CORRESPONDENCE For any correspondence with individuals, clinical agencies or schools related to your Independent Study project, the following "rules", which have been designed to maintain interagency and interpersonal relationships for the College of Nursing, must be followed: (1) letters must be typed on Villanova University stationery specifically marked "College of Nursing Graduate Student Workroom" which **can be obtained from the Graduate Nursing Program office**; (2) each letter must be on an original sheet of stationery (i.e., University letterhead paper may not be duplicated); (3) letters must be co-signed by your faculty sponsor; (4) any "official" approval letters from agencies or individuals (e.g., Institutional Review Board approvals, approval to access students, approval to access client records) must be submitted to your faculty sponsor as soon as they are received; and (5) if responses are requested, the following return address may be given, and any mail received for you will be placed in your mailfolder:

(Your Name), Graduate Student
College of Nursing
Villanova University
Villanova, PA 19085-1690

INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL. If your Independent Study project is a research study involving human subjects, the necessary Villanova University forms must be completed. The IRB protection of human subject form can be accessed on the web. The completed application must be carefully reviewed by your faculty sponsor/advisor and signed by you, your faculty sponsor, and the Program Director. The Program Director will forward the completed application to the College of Nursing representatives to the IRB for departmental review.

If you need assistance in completing the application, please see your sponsor or refer to the IRB Human Subjects Departmental Review Manual located in both the offices of the Graduate Program Director and the faculty member(s) responsible for departmental review. Two sample applications are included in the manual. The IRB application must be submitted prior to data collection. The dates for departmental review are:

April 1 for Summer or Fall semester
November 1 for Spring semester

If you are collecting data at a site that has its own Institutional Review Board, you must complete their forms and follow their procedures as well as those of Villanova University. Please be informed that any research project that is seeking or has already obtained funding cannot be reviewed at the departmental level. The student must submit the Human Subjects application directly to the Villanova University Institutional Review Board for a full review, even if the status of the research study can qualify for either exempt or expedited review. In cases where funding is involved, please contact your faculty sponsor or the Director of Villanova's Office of Research and Sponsored Projects (610-519-4220).

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APPLICATION/PROPOSAL

NUR 9002 OR NUR 9004 (check one)

NAME:

HOME ADDRESS:

HOME TELEPHONE: ( )

BUSINESS TELEPHONE: ( )

MAJOR (check one): _____HCA _____NED _____CMA _____ NP _____ PhD

NUMBER OF CREDITS COMPLETED (include courses in progress):

ANTICIPATED DATE OF GRADUATION:

PROPOSED SEMESTER/TERM FOR INDEPENDENT STUDY:

RATIONALE FOR REQUESTING INDEPENDENT STUDY IN THIS SEMESTER/TERM:

What is the title of your proposed Independent Study project?

What is the specific problem you plan to explore?

What is the purpose of your proposed project?

What study questions, hypotheses or objectives do you propose for this project?

What research or specific project activities do you propose for this project?

How will you synthesize the findings of this project?

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INDEPENDENT STUDY PROJECT APPROVAL FORM

NAME OF STUDENT:

NAME OF FACULTY SPONSOR:

TITLE OF PROJECT:

SEMESTER/TERM OF STUDY:

Signature of Student

Date

Signature of Faculty Sponsor

Date

Rev.MSK/dm:10/11/06