



University of Washington, Tacoma  
Nursing Program

**T HLTH 499 Independent Study Course Summary**

Student's Name \_\_\_\_\_ Faculty Sponsor \_\_\_\_\_ Qtr/Yr \_\_\_\_\_

Course No./Title \_\_\_\_\_  CR/NC or  Graded # of Credits \_\_\_\_\_

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**Student's objectives:**

**Activities designed to accomplish objectives:**

**Criteria to evaluate achievement of objectives:**

**Plan Approved: Faculty Sponsor/Date \_\_\_\_\_ Student/Date \_\_\_\_\_**

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**Evaluation Comments:**

Grade Earned \_\_\_\_\_

Faculty Signature \_\_\_\_\_

Copy to student's file, 499 file