

## INDEPENDENT STUDY (HTHSCI 3R03) APPLICATION

### GENERAL INFORMATION

- The purpose of **HTHSCI 3R03 – Independent Study** is to provide students with an opportunity to enhance their understanding of the research process through active engagement in a project under the supervision of a faculty member within the School of Nursing. The content of the project and the evaluation components will be determined individually between the student and the faculty supervisor.
- Students must be in good academic standing (cumulative GPA of 5.0) to be eligible to enroll in HTHSCI 3R03.
- It is the student's responsibility to approach a faculty member in the School of Nursing to supervise their project. The decision to supervise a student is at the discretion of the faculty member. **Students are strongly encouraged to approach the faculty supervisor they are interested in working with well in advance of the beginning of the term.**
- HTHSCI 3R03 will satisfy 3 units of upper level electives towards a student's degree requirements. This course cannot be taken in lieu of any required course in the BScN program.
- It is the student's responsibility to complete that application form (see page 2) in consultation with the faculty supervisor. **Students must submit their completed application form at least 2 weeks prior to the start of the term in which they wish to complete the course.** Once the application is reviewed and approved by the School of Nursing, the student will be notified by email that they have been granted permission to enroll in the course. It is the student's responsibility to enroll in the course through their Mosaic account once permission has been granted.
- All sessional dates published in the Undergraduate Calendar apply to HTHSCI 3R03. It is a student's responsibility to ensure that they have enrolled in the course prior to the last day for enrollment for the term in which they have been granted permission to take the course. Sessional dates for the current academic year can be found in the Undergraduate Calendar: <http://academiccalendars.romcmaster.ca/index.php?catoid=18>

### GUIDELINES FOR COMPLETING THIS APPLICATION & COURSE ENROLLMENT

- This form must be fully completed by the student and supervising faculty member and submitted to the appropriate site at least 2 weeks prior to the start of the academic term in which the course will be completed:
  - Mohawk & McMaster site students – BScN Program Office via email ([bscnadvising@mcmaster.ca](mailto:bscnadvising@mcmaster.ca)), fax (905-570-0667), or in person (HSC 2J34)
  - Conestoga site students – Conestoga Academic Advising Office via email ([aharrison@conestogac.on.ca](mailto:aharrison@conestogac.on.ca)) or fax (519-748-3562)
- The School of Nursing will review the request and notify the student via email of the outcome of the application. If approved, a permission will be added to the student's Mosaic account to enable them to enroll in the course. It is the student's responsibility to enroll in the course via their Mosaic account before the last day to enroll for the term specified on the application form.

# HTHSCI 3R03 APPLICATION

This form must be fully completed by the student and submitted to the School of Nursing a minimum of **2 weeks prior to the beginning of the term** in which they wish to enroll in the course.

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ McMaster ID #: \_\_\_\_\_

McMaster Email Address: \_\_\_\_\_@mcmaster.ca Telephone Number: \_\_\_\_\_

Site:  McMaster  Mohawk  Conestoga Level:  1  2  3  4

Program Stream:  Basic (A)  Post RPN (E)  Accelerated (F)

## COURSE INFORMATION

Course: HTHSCI 3R03

Year: 20\_\_\_\_\_ Term:  Fall  Winter  Spring/Summer

Faculty supervisor: \_\_\_\_\_

## PROJECT INFORMATION

Project Title: \_\_\_\_\_

Outline of proposed project as discussed and approved by the faculty supervisor (attach additional pages if required):

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## EVALUATION COMPONENTS

List a minimum of three evaluation components as approved by the faculty supervisor

| EVALUATION DESCRIPTION | PERCENTAGE OF FINAL GRADE | DEADLINE (EXPECTED) |
|------------------------|---------------------------|---------------------|
| 1.                     |                           |                     |
| 2.                     |                           |                     |
| 3.                     |                           |                     |

I (student) have read and understand the McMaster BScN Program policies for completing HTHSCI 3R03.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

APPROVED  DENIED by: \_\_\_\_\_ Date: \_\_\_\_\_

EMAIL SENT TO STUDENT & FACULTY by: \_\_\_\_\_ Date: \_\_\_\_\_

PERMISSION ADDED IN MOSAIC by: \_\_\_\_\_ Date: \_\_\_\_\_