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UNIVERSITY OF ALABAMA SCHOOL OF NURSING
UNIVERSITY OF ALABAMA AT BIRMINGHAM
GRADUATE STUDIES

NUR 698 - Research Project Seminar
Individualized Study Contract

Prior to registration, faculty consent and signature for this Research Project Seminar must be obtained.

_____ _____/_____
Name Student's Signature Date

_____ _____/_____
NUR 698 Faculty Faculty's Signature Date

_____ _____/_____
Project Advisor/Investigator Project Advisor's/Investigator's Signature Date

_____
Credit hours

☐ Fall Semester_____ ☐ Spring Semester_____ ☐ Summer Semester_____

Statement of objectives: (May use attachment)

Activities planned:

Names of collaborators (if applicable):

_____

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Evaluation: _____/_____
Grade Date