



GRADUATE STUDIES

DIRECTED STUDIES / SELECTED READINGS - Course Request

PART A: To be completed by Student

Date:

Student Name: Student Number:

Student Email: Supervising Professor:

Full Course Name:

Short Title:
(max. 16 characters including spaces for transcript)

Course Number: Session (ie. W202020): Term (1, 2, both):

PART B: To be completed by the Professor in consultation with the student

Course methodology (check one):

- Research (generation of original data)
- Readings (in-depth literature review)
- Other (please specify) _____

Please attach a Course Outline

Start Date: End Date: Credits:

Student Evaluation:

Provide a detailed description of how the student will be evaluated by listing each course component as a percentage of the final grade:

Number of instructional hours (hours per week of student-professor contact):

Number of independent study hours (hours per week of independent student work):

Additional Comments (if required):

PART C: Approval & Signatures

Student: _____ Date: _____

Instructor: _____ Date: _____

Student's Program Coordinator: _____ Date: _____

Instructor's Dept. Head: _____ Date: _____