

GRADUATE INDEPENDENT STUDY COURSE FORM

STUDENT NUMBER:

STUDENT NAME:

GAU:

COURSE NUMBER	CREDIT HOURS	TERM
	3	

SUPERVISING PROFESSOR:

TITLE TO APPEAR ON TRANSCRIPT (20 Character maximum)

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Other Faculty Members/HRA's involved with the course:

Date student proposal received:

Essence of Proposal:

NOTE: A course outline is to be prepared and attached

Deadline date given student after which date a grade of "F" would be assigned unless alternative arrangements are made with the professor and approved by the Director of Graduate Studies.

DEADLINE DATE:

SIGNATURES:

STUDENT _____ **DATE:** _____

SUPERVISING PROFESSOR: _____ **DATE:** _____

DIRECTOR OF GRADUATE STUDIES: _____ **DATE:** _____

Copies required for: Student, Professor, Director of Graduate Studies, School of Graduate Studies, Registrar's Office