

GRADUATE INDEPENDENT / DIRECTED STUDIES COURSE FORM

Please forward completed form electronically to gradschl@unb.ca

Student Name:							Student ID#:	
GAU:							Campus:	
COURSE NUMBER			CREDIT HOURS				TERM	
Supervising Profe	ssor:							
Other Faculty/HR	As involved v	with the cou	rse:					
		Course Ti	tle to Appe	ar on Tra	inscript (20	Characters I	Maximum)	
Summary of Cour	se (Note: A c	ourse syllab	us is also re	eauired.)				
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Grade Submissi	ion: Course is	to be comp	leted by th	e end of	the term ar	nd grade sub	mitted via the	instructor's E-Services
grading form. If	f alternate ar	rangements	are require	ed, please	e contact th			ies at gradschl@unb.ca.
Delay in submit	ting grades o	could result i	n an "F" gr	ade assig	ned.			
Student's Signa	ature					Date:		
Student 3 Signi	itui c							
Superining Day	. f / - C:					Date:		
Supervising Pro	nessor's sign	iature						
						Date:		
Director of Gra	duate Studie	s' Signature						
						Date:		
School of Grad	uate Studies	Signature						