

GRADUATE INDEPENDENT / DIRECTED STUDIES COURSE FORM

Please forward completed form electronically to gradschl@unb.ca

| Student Name: | | Stu | udent ID#: | |
|---|--|------------------|--------------|------------------------|
| GAU: | | Ca | mpus: | |
| COURSE NUMBER | CREDIT HOURS | | | TERM |
| | | | | |
| | | | | |
| Supervising Professor: | | | | |
| Other Faculty/HRAs involved with | the course: | _ | | |
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| Course | Title to Appear on Transcript (29 Chara | acters Maximum | - Snaces Inc | rluded) |
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| Summary of Course (Note: A course syllabus is also required.) | | | | |
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| | be completed by the end of the term a | | | |
| | gements are required, please contact t d result in an "F" grade assigned. | he School of Gra | iduate Studi | es at gradschl@unb.ca. |
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| | | Date: | | |
| Student's Signature | | | | |
| | | Date: | | |
| Supervising Professor's Signatu | re | Г | | |
| | | Date: | | |
| Director of Graduate Studies' S | ignature | | | |
| | | Date: | | |
| School of Graduate Studies Sign | nature | | | |