



(For Directed Studies Courses or Individually Supervised Studies)

☐ New Form ☐ Revised Form (highlight the change)

Student Name: _____ Student Number: _____ Date: _____

Student Faculty: _____ Student Signature: Samuel Longwood

Course Subject Code	Course Number	CRN (office use only)	Course Title (as per Calendar)	Unit Value	Term

[illegible]

Location: ☐ On Campus ☐ Online ☐ Off Campus Location:

Content: ☐ As per Calendar OR ☐ Brief Outline: (For courses listed in Calendar with variable content.)

Texts / Evaluation Technique (including percentage value for each component):

Final Evaluation Technique (including percentage value for each component):		
Description	Weight (%)	Date Due (DD-MON-YYYY)

Course Section Dates: This course will occur during one of the following times with the understanding that all course work will be completed by the end of the term and grades submitted accordingly:

20__ Winter Session Terms			20__ Summer Session Terms (See Academic Calendar for Term Dates)			
<input type="checkbox"/> Sep – Dec	<input type="checkbox"/> Jan - Apr	<input type="checkbox"/> Sep – Apr (Year Long)	<input type="checkbox"/> May- Aug (Full Term)	<input type="checkbox"/> May - Jun	<input type="checkbox"/> Jul - Aug	
<input type="checkbox"/> Non-Standard Dates: <hr/>			<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug
			<input type="checkbox"/> Non-Standard Dates: <hr/>			

Supervisor	Name (Please Print)	Signature	Date Approved
Instructor 1 V_____			
Instructor 2 V_____			
Supervising Director/Chair			
Advisor (If Required)			
Dean Of Student's Faculty			