**PROPOSAL TO CONDUCT AN INDEPENDENT STUDY COURSE (CCFI/ECED 580)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_ Program Start Date (YYYY-MM): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas of Research Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed credit value: 🞏 3 credits 🞏 6 credits

Proposed Session:

|  |  |  |  |
| --- | --- | --- | --- |
|  | 🞏 Term 1 (September-December) |  | 🞏 Term 1 (May-June) |
| Winter 20\_\_\_ | 🞏 Term 2 (January-April) | Summer 20 \_\_\_ | 🞏 Term 2 (July-August) |
|  | 🞏 Term 1 & 2 (September-April) |  | 🞏 Term 1 & 2 (May-August) |

Please list the full course code, dates taken, credit value, grade, and course supervisor in other **580** course(s) you may have taken:

Course When Taken Credit Value Grade Course Supervisor

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach to this proposal a 2-page statement outlining the following:**

1. Objectives of the independent study and previous background in the proposed area of study.
2. A description of the independent learning activities to be undertaken.
3. A detailed bibliography of literature which will be read.
4. The proposed basis of student evaluation in the course.

**To be completed and signed by the faculty member supervising the 580:**

I have read this student’s proposal and am supportive of this independent study. I agree to supervise the student in this course and to submit a grade by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Name (please print) Email Phone

**Approval of Graduate Advisor**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Name (please print) Date (YYYY-MM-DD)

**------------------------------------------------------- Office Use Only -------------------------------------------------------**

Approved for \_\_\_\_ credits. Student enrolled in the following section : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_