



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:

	<input type="checkbox"/> Term 1 (September-December)		<input type="checkbox"/> Term 1 (May-June)
Winter 20__	<input type="checkbox"/> Term 2 (January-April)	Summer 20__	<input type="checkbox"/> Term 2 (July-August)
	<input type="checkbox"/> Term 1 & 2 (September-April)		<input type="checkbox"/> 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: _____