

Directed Studies Approval Form

Return this form with the syllabus of the course by service request (Category: Modification)

Student Identification

FIRST NAME

LAST NAME

STUDENT NUMBER

NAME OF THE SUPERVISOR

NAME OF THE CO SUPERVISOR (IF APPLICABLE)

Graduate program

Level: MSc PhD Graduate Diploma

Program: BCH CMM EPI MIC NSC PHR

Course Information

COURSE CODE

TERM

COURSE COORDINATOR

TITLE OF THE DIRECTED STUDIES

Brief course description and reason for taking the course

Signatures

SIGNATURE (STUDENT)

DATE (YYYY-MM-DD)

SIGNATURE (COURSE COORDINATOR)

DATE (YYYY-MM-DD)