

## Directed Studies Agreement Form

Name of Student \_\_\_\_\_

Student Number \_\_\_\_\_

Program: Course Number: Academic Year: Term: 

Topic Name: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Course Outline (please describe the course content including the evaluation procedure):

Marking Scheme: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Professor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chair's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This form must be received in the office at least two working days prior to the last day for registration in the specific term.*