

MA Directed Reading Application Form

The following form is to be completed by the student and the faculty member who will act as an instructor for WGST 5910A/5911A (Directed Reading Courses).

Student's name:
Student number:
Date:
Proposed focus of the course:
What is the schedule of student-faculty meetings? Please indicate the number and duration of meetings:
Please provide the course's assessment structure, including the percentage breakdown for each assignment or other component:
APPROVAL OF THE INSTRUCTOR
APPROVAL OF THE INSTRUCTOR Instructor's name:
Instructor's name:
Instructor's name: Department/Institute/Program:
Instructor's name: Department/Institute/Program: Instructor's signature:
Instructor's name: Department/Institute/Program: Instructor's signature:
Instructor's name: Department/Institute/Program: Instructor's signature: Date: