

## Independent Study Application Form

*The following form is to be completed by the student and the faculty member who will act as an instructor for WGST 4814 (Independent Study).*

*Please remember to attach the complete syllabus/reading list to this application.*

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Student's name:

Student number:

Year of standing:

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:

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### APPROVAL OF THE INSTRUCTOR

Instructor's name:

Department/Institute/Program:

Instructor's signature:

Date:

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APPROVAL OF THE UNDERGRADUATE AND GRADUATE ADVISOR

Advisor's signature:

Date: