## Institute of Interdisciplinary Studies, Carleton University

Directed Studies Documentation CHST/HRSJ/INDG 4XXX, 5XXX

Student (First Name & Last Name):			
Student ID:			
Email:			
Program & Academic Year:			
	<u> </u>		
Instructor:			
Position:		Dept:	
Email:			
Directed Studies Topic:			
Evaluation (Description e.g. Final paper,	Γ		
review paper, etc):			
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Frequency/Duration of Meetings:			
Approved by	T		T
Student Signature:		Date:	
Instructor's Signature:		Date:	
ilistructor s signature.		Date.	
Graduate Supervisor:		Date:	
OR	<del></del>		
Director's Signature:		Date:	

NB: A copy of the student proposal, agreed reading list, and evaluation rubric should be attached to this form.