



Independent - Directed Studies Form

CHST/HRSJ/INDG 4XXX, 5XXX

Term:

Student (First Name & Last Name):

Student ID:

Email:

Program:

Year in program:

Faculty Supervisor:

Dept:

Email:

Topic:

Evaluation (Description e.g. Final paper, review paper, etc.
Please include mark distribution):

Frequency/Duration of Meetings:

Student Signature:

Date:

Supervisor Signature:

Date:

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

All completed forms should be returned by email to the Departmental Administrator | iis@carleton.ca

For Department Use

UG/GR Supervisor OR Director:

Date: