

**School of Mathematics and Statistics**  
**Directed Studies Approval Form for MATH 6901 (Ph.D.)**

Name of Student:		Student #	
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Program:	
Academic Year:	
Term:	
Topic Name:	
Instructor's Name:	
Course Outline: (Describe the course content including the evaluation procedure)	
Marking Scheme:	

Student's Signature:		Date:	
Instructor's Signature:		Date:	
Graduate Director's Signature:		Date:	
Director's Signature:		Date:	

**Office Use:**

CRN:		Section:	
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