

**School of Mathematics and Statistics**

**Directed Studies Approval Form for MATH  
5901 (Master's)**

|                  |  |           |  |
|------------------|--|-----------|--|
| Name of Student: |  | Student # |  |
|------------------|--|-----------|--|

|   |  |
|---|--|
| Program:  |  |
| Academic Year:  |  |
| Term:   |  |
| Topic Name:   |  |
| Instructor's Name:  |  |
| Course Outline:<br>(Describe the course content including the evaluation procedure) |  |
| Marking Scheme:   |  |

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

**Office Use:**

|      |  |          |  |
|------|--|----------|--|
| CRN: |  | Section: |  |
|------|--|----------|--|