

SCHOOL OF COMPUTER SCIENCE

Supervisor Information Form for Graduate Directed Studies Courses

- MCS COMP 5901
- Ph.D. COMP 6901
- MA HCIN 5900

Term & Year: _____ Student #: _____
(e.g., Fall 2021)

Student: _____
Name E-mail

Course # MCS COMP 5901 Ph.D. COMP 6901 MA HCIN 5900
(Check one)

Supervisor: _____
Name E-mail

CRITERIA FOR FINAL MARK

Please attach a ***detailed outline*** of the directed studies course, including topics covered, and an ***evaluation criteria*** including a breakdown of percentages assigned. This should be a precise statement on how the student will be evaluated and should resemble a course outline. The student will not be permitted to register in this course until the outline has been completed and approved by the Directed Studies Supervisor and the Graduate Director.

Completion requires that a copy of the final paper be submitted to the Graduate Administrator.

Signature of Student: _____

Signature of the Directed Studies Supervisor: _____

Signature of the Graduate Director: _____ Date: _____

This form must be completed and emailed to grad.scs@carleton.ca before a student will be permitted to register in a directed studies course.

This is not a registration form. Students must still register.