SCHOOL OF INDIGENOUS AND CANADIAN STUDIES
APPLICATION FOR DIRECTED STUDIES

Student's name (please print)__________________________________

Student's signature ____________________ Student No. __________

Student's Program & Year ___________ Application date:_________

Please check (√) desired registration:

□ CDNS 6901*W  □ CDNS 6901*F  □ CDNS 6901*S (Spring)
□ CDNS 6902*W  □ CDNS 6902*F  □ CDNS 6902*S (Spring)
□ CDNS 4906 W  □ CDNS 4905 F
□ CDNS 5900 F/W
□ CDNS 4907 F/W

Proposed topic or title _________________________________________

Please provide a detailed outline of the course work to be pursued, including an explicit reading list, an indication of the written work to be submitted and number of pages etc. (Use reverse side if required).

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

What is the schedule of student-instructor meetings? Please indicate number and duration ____________________________________________

What will be the components of the course grade? ________________

_________________________________________________________________

Supervision agreed to by:

______________________________  _____________________________  _________________________________
Instructor's name  Instructor's signature  Instructor's Department

THE STUDENT AND INSTRUCTOR ARE RESPONSIBLE FOR COMPLETING ALL OF THE ABOVE INFORMATION BEFORE THE FORM IS SUBMITTED TO THE UNDER/GRADUATE SUPERVISOR OF THE SCHOOL OF INDIGENOUS AND CANADIAN STUDIES.

Approved by: ___________________________  Entered in BANNER ________ By ________
Graduate Supervisor

NOTE: Registration will not be permitted until all information requested above is provided.

Revised 03/18