REQUEST FOR APPROVAL
(To be submitted to the Chair at minimum two weeks in advance of proposed start date)

___________________________  ________________________
Student Name (Please Print)  ID Number

TITLE OF DIRECTED STUDY (Please limit to 19 characters – to appear on official transcript)

I hereby request approval to undertake the Directed Study described on the attached PROPOSAL during the ____________ term of the Academic year ____________.

Please use the following headings in your proposal and attach a list of resources consulted.

1. Statement of Topic
2. Rationale
3. Proposed Methodology
4. Proposed Format of Final Product
5. Ethics Review Requirements and Other Approvals Needed

___________________________  ________________________
Student (signature required)  Date

___________________________  ________________________
Directed Study Supervisor (signature required)  Date

___________________________  ________________________
Co-supervisor (signature required – if applicable)  Date

___________________________  ________________________
Program Supervisor (signature required)  Date

___________________________  ________________________
Chair (signature required)  Date

Date registered:
c.c. Directed Study Supervisor
Student

October 2015