

Directed Studies Approval Form

Date _____

Student Name _____ Student Number _____

Course Name & Number ENVS 5480 Course Credit _____

Proposed Title of Directed Study _____

Course Description: Attach a brief but formal outline indicating learning objectives, major content or task completion areas, resources to be used, assignment and evaluation techniques, need for course, and a supervision schedule with the instructor.

Target Semester(s) _____ (e.g. Winter 2014)

Proposed Instructor, Department & Faculty _____

Signatures:

Student _____ Date _____
signature

Instructor _____ Date _____
signature

INSTRUCTOR: PLEASE INDICATE IF THIS WORKLOAD IS BANKED OVERLOAD OR
PART OF ANNUAL WORKLOAD _____ Part of Annual Workload

Student's Thesis Supervisor _____ Date _____
signature

MSc Coordinator _____ Date _____
signature