

INDIVIDUAL READING & RESEARCH COURSE REQUEST FORM

PLEASE NOTE: It is the responsibility of the student to ensure form is completed

STUDENT NAME:		DEPARTMENT:	
STUDENT NUMBER:		DEGREE:	<input type="checkbox"/> MSc <input type="checkbox"/> PhD
SUPERVISOR:			
READING & RESEARCH COURSE INSTRUCTOR/SUPERVISOR:			

To be completed by the STUDENT & COURSE INSTRUCTOR:

TOPIC OF READING & RESEARCH COURSE:			
COURSE OBJECTIVE(S):			
SEMESTER START DATE:	LENGTH OF COURSE: (note: course counts as a 1/2 course)	MEETING FREQUENCY: (min. 26 hours in total)	
SEPTEMBER JANUARY MAY	1 TERM 2 TERMS	WEEKLY # OF HOURS: _____ (13 weeks)	
ALTERNATIVE MEETING SCHEDULE: (if applicable)			
METHOD OF EVALUATION FOR THE COURSE: (note: that feedback is required at the half-way point)		Major Research Paper: YES NO (a min. of 6000 words, excluding footnotes & references) If NO , please provide an alternative evaluation method: _____	
EVALUATION COMPONENT(S): (e.g. paper, seminar, draft, other)	PERCENTAGE WEIGHT GIVEN TO COMPONENT(S):	DUE DATE:	
1)			
2)			
3)			
4)			

READING LIST: (please provide key references)

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To be completed by the **STUDENT:**

Q. Why do you wish to undertake this Individual Reading & Research Course?

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Q. How does this course fit into your overall research plan?

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STUDENT SIGNATURE:		DATE:	
SUPERVISOR SIGNATURE:		DATE:	
READING & RESEARCH COURSE INSTRUCTOR/SUPERVISOR SIGNATURE:		DATE:	

For Office Use ONLY:

APPROVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DIRECTOR OF READING & RESEARCH COURSE INSTRUCTOR/SUPERVISOR SIGNATURE:		DATE:	
READING & RESEARCH COURSE COORDINATOR SIGNATURE:		DATE:	