



Tel: (604)822-6502 Fax: (604)822-8234

PROPOSAL TO CONDUCT AN INDEPENDENT STUDY COURSE

Name:			Student Number:			
Address:						
Phone(H):	(W):	_ E-mail:	E-mail:			
Program: ☐ EDCI ☐ ECED			Degree: ☐ Ph.D. ☐M.A. ☐M.Ed.			
Program Start Date	:					
Faculty Advisor:		_ Dept <u>.:</u>	Phone:		E-mail:	
Areas of Research	Interest:					
Proposed credit val	ue for 580: 3 cre	edits	edits			
Proposed Session:	Winter 20	☐Term 1	m 1 (September-December)			
		☐Term 2 (January-April)				
		☐Term 1 & 2 (September-April)				
	Summer 20	☐Term 1 (May-June)				
		☐Term 2 (July-August)				
		☐Term 1 & 2 (May-August)				
Please list dates, g	rades, credit value	and advisors	in other 580 co	urse you may	have taken:	
<u>Course</u>	When Taken	Credit Valu	<u>ue</u> <u>G</u>	<u>Grade</u>	Faculty Advisor	
2. A description 3. A detailed in 4. The propose 5. A current second To be completed at	of the independent on of the independent on of the independent obligation of literated basis of student tudent program for and signed by the dent's proposal, and	study and preent learning acature, which we tevaluation ir m. faculty memory supportive of the study and preent the study and preent the study and preent the supportive of the study and preent the supportive of the study and preent the study and study	evious backgro ctivities to be un will be read. In the course.	und in the prondertaken.	posed area of study. agree to supervise the student in	
tills project and to s	donin a grade by _		·			
Signed:			Phone:			
For Office Use Approved for Student enrolled Proposal not app	3 credits [in following sect	6 credits tion/term of ing reasons:	EDCI/ECED :	580/		