

Request for Independent Study

PLEASE PRINT — INCOMPLETE OR INCORRECT INFORMATION WILL CAUSE DELAYS IN PROCESSING

Name _____ Student Number _____
Course _____ Course Code _____
CRN # _____

Student must be in good academic standing to receive approval for independent study.

Reason for requesting independent study:

- I am enrolled in a term in which the course is not offered
 There is a timetabling course conflict with other courses
 I cannot take the course in a subsequent term or at another institution

Once approvals have been received, the student must pay a service fee of \$250 (subject to change) to the Office of the Registrar.

Name of Instructor Signature of Instructor Date

Name of Student Signature of Student Date

Name of Program Co-ordinator Signature of Program Co-ordinator Date

Name of Dean Signature of Dean's Approval Date

Original to student, copies to the Office of the Registrar and academic area.

For Office Use Only

Amount Paid \$ _____ Receipt # _____

Signature _____ Date _____