



GRADUATE STUDIES

DIRECTED STUDIES / SELECTED READINGS - Course Request

PART A: To be completed by Student

Date:

Student Name:

Student Number:

Student Email:

Supervising Professor:

Full Course Name:

Short Title:

(max. 16 characters including spaces for transcript)

Course Number:

Session (ie. W202020)

Term (1, 2, both):

PART B: To be completed by the Professor in consultation with the student

Course methodology (check one):

- Research (generation of original data)
- Readings (in-depth literature review)
- Other (please specify) _____

Please attach a Course Outline

Start Date:

End Date:

Credits:

Student Evaluation:

Provide a detailed description of how the student will be evaluated by listing each course component as a percentage of the final grade:

Number of instructional hours (hours per week of student-professor contact):

Number of independent study hours (hours per week of independent student work):

Additional Comments (if required):

PART C: Approval & Signatures

Student: _____

Date: _____

Instructor: _____

Date: _____

Student's Program Coordinator: _____

Date: _____

Instructor's Dept. Head: _____

Date: _____

Personal Information ("Information") provided on this form is collected pursuant to section 26 of the *Freedom of Information & Protection of Privacy Act (the "Act")*, R.S.B.C. 1996, c.165 for the purpose of processing your directed studies requirements. The Information will be used and shared within UBC in accordance with the Act. Any questions regarding the collection of the Information may be directed to the appropriate faculty as listed on the front page.