

STUDENT INFORMATION:				
LAST NAME:			FIRST NAME:	
STUDENT ID:	A		PROGRAM:	
EMAIL:				

Please add the below Directed Study course to my registration for the term noted below.

STUDENT SIGNATURE:		DATE:	
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COURSE INFORMATION (TO BE COMPLETED BY DEPARTMENT):			
Please include a grading scheme as part of your request (Refer to Academic Regulation 4 for Undergraduate level courses and Academic Regulation 22 for Graduate level courses).			
Refer to the Senate Policy on Special Topics and Directed Study Courses for additional information.			
TITLE (max 30 characters):			
TERM:		CREDIT HOURS:	
SUBJECT:		COURSE NUMBER*:	
*Student Systems will assign the final course number.			
BRIEF DESCRIPTION OF COURSE:			
INSTRUCTOR NAME:			
INSTRUCTIONAL FORMAT:			
HOW IS THIS COURSE BEING FUNDED:			

FACULTY APPROVAL:			
DEPARTMENT CHAIRPERSON:		DATE:	
DEAN:		DATE:	

Please send completed form to: academic.operations@smu.ca