



ECED 580 Directed Studies Proposal Form

Name: _____ Student Number: _____

Email: _____ Phone: _____

Program: _____ Degree: _____ Program Start Date (YYYY-MM): _____

Areas of Research Interest: _____

Proposed credit value: [] 3 credits [] 6 credits

Proposed Session:

Winter 20__ [] Term 1 (September-December) [] Term 1 (May-June)
[] Term 2 (January-April) [] Term 2 (July-August)
[] Term 1 & 2 (September-April) [] Term 1 & 2 (May-August)
Summer 20__

Please list the full course code, dates taken, credit value, grade, and course supervisor in other 580 course(s) you may have taken:

Table with 5 columns: Course, When Taken, Credit Value, Grade, Course Supervisor. Two rows of blank lines for data entry.

Please attach to this proposal a 2-page statement outlining the following:

- 1. Objectives of the independent study and previous background in the proposed area of study.
2. A description of the independent learning activities to be undertaken.
3. A detailed bibliography of the literature which will be read.
4. The proposed basis of student evaluation in the course.

To be completed and signed by the faculty member supervising the 580:

I have read this student's proposal, and am supportive of this independent study. I agree to supervise the student in this course and to submit a grade by _____

Signature _____ Name (please print) _____ Email _____ Date _____

Approval of Graduate Advisor

Signature _____ Name (please print) _____ Date (YYYY-MM-DD) _____

Office Use Only

Approved for ____ credits. Student enrolled in the following section: _____ Date: _____