

## **REQUEST for an Independent Study Course**

Complete this form and submit it along with a short (one page) description of the proposed course of study, including your Bibliography. Please justify your reasons for seeking a self-designed course rather than taking a regular curriculum offering. Have your proposed supervisor complete the appropriate section of this form and have him/her accompany the application with a letter of support. Include a copy of your transcript (academic record) to-date.

Please this completed form and	here: www.vic.utoronto.ca/academ	ics/independentstuc
Deadlines: April 30 for Fall enrolment, November 30 for Spring enrolment	olment.	
I. STUDENT INFORMATION		
Name:	Student Number:	
Address:		
Postal Code _		
e-mail address:	Department/College:	
Areas of Specialization/Major/Minor:		
Cumulated grade point average: (Please attach a copy	of your academic record)	
II. COURSE INFORMATION		
Course Code:		
Term Offered:     Full Year   Fall (September enrolment)	□ Winter (January enrolment	1
Topic (proposed title):		
Proposed Supervisor:		
Phone: Email:		
Second Marker:		
III. List the work required for the course – number and length	of essays, method of evaluation.	
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Work Required	Weight in total grade	Due Date
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What are arrangements for meetings between the instructor and th	o student? Once a week Once a mon	+h2
what are arrangements for meetings between the instructor and tr	le student: Once a week, Once a mon	ui:
What are the reasons for embarking on an independent study cours	se?	
This application must be accompanied by a letter of recommendat	ion from the supervisor assessing the	academic merit of
the student's proposal and the student's ability to carry it through.	ion from the supervisor assessing the	academic ment of
and the same and t		
Instructor's Signature	Date	

Have you attached the following with this form?

- □ Course description with Bibliography
- □ Supervisor's letter of support
- □ Unofficial transcript