



University of Ottawa
Faculty of Arts

DIRECTED STUDIES / GRADUATE STUDIES

SECTION TO BE COMPLETED BY THE STUDENT

Surname, Name	<input type="text"/>	Student No.	<input type="text"/>
Academic Unit:	<input type="text"/>	Program of Study	<input type="text"/>
This request applies to the session	<input type="radio"/> Fall	Year:	<input type="text"/>
	<input type="radio"/> Winter		
	<input type="radio"/> Summer		

Name of the professor that will be supervising the study.

Request justification (e.g. need for a directed study instead of enrolling in a course).

SECTION TO BE COMPLETED BY THE PROFESSOR SUPERVISING THE STUDY (Can be included as an attached document)

Course code

Title of the Study:

Abstract of Study.

Distribution of work and grading scale.

SECTION TO BE COMPLETED BY THE GRADUATE DIRECTOR OF THE ACADEMIC UNIT

Recommendations and / or comments. Please comment with reference to the program. (e.g. impact on course enrollments, quality of instruction, etc.) and to student needs.

Signatures

Student:	<input type="text"/>	Date:	<input type="text"/>
Professor :	<input type="text"/>	Date:	<input type="text"/>
Graduate Director.:	<input type="text"/>	Date:	<input type="text"/>
Vice-dean:	<input type="text"/>	Date:	<input type="text"/>
Dean: Not required if no workload implication	<input type="text"/>	Date:	<input type="text"/>