

## Directed Studies Approval Form

Please submit this form with the syllabus of the course by [Service Request](#) under the Directed Studies category.

Note: select the "View All" button to display all the categories

### Student Identification

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
STUDENT NUMBER

\_\_\_\_\_  
NAME OF THE SUPERVISOR

\_\_\_\_\_  
NAME OF THE CO SUPERVISOR (IF APPLICABLE)

Graduate program

**Level:**       MSc     PhD     Graduate Diploma

**Program:**     BCH     CMM     EPI     MIC     NSC     PHR

### Course Information

\_\_\_\_\_  
COURSE CODE

\_\_\_\_\_  
TERM

\_\_\_\_\_  
COURSE COORDINATOR

\_\_\_\_\_  
TITLE OF THE DIRECTED STUDIES

Brief course description and reason for taking the course

### Signatures

\_\_\_\_\_  
SIGNATURE (STUDENT)

\_\_\_\_\_  
DATE (YYYY-MM-DD)

\_\_\_\_\_  
SIGNATURE (COURSE COORDINATOR)

\_\_\_\_\_  
DATE (YYYY-MM-DD)

MED-DIRECTEDSTUDIES (E) PDF 08/2020