

REQUEST FOR INDEPENDENT STUDY

Name: _____ Student Number: _____

Course: _____ Course Code: _____

CRN # _____

Student must be in good academic standing to receive approval for independent study.

Reason for requesting independent study:

- I am enrolled in a semester in which the course is not offered
- There is a timetabling course conflict with other courses
- I cannot take the course in a subsequent semester or at another institution

Once approvals have been received, the student must pay service fee (\$250, subject to change) to the Office of the Registrar.

Instructor's Signature

Date

Student signature

Date

Program Co-ordinator's signature

Date

Dean's approval

Date

Original to student, copies to Office of the Registrar and academic area.

FOR OFFICE USE ONLY	
Amount Paid: _____	Receipt #: _____
Date: _____	Signature: _____