

**SURP-891/SURP-892 – Directed Study
Consent/Approval Form**

Student's Name: _____
 Surname Given Name(s)

Student Number: _____

Supervisor's Signature/Approval: _____ Date: _____

Term taken: Fall Winter Spring/Summer (Circle one)

- Proposal attached (1 page – filed with supervisor)
- Preliminary Bibliography attached (1 page – filed with supervisor)

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Director's Approval: _____ Date: _____

Approved: Yes No

Comments:

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Course Completed: _____ (date)

Grade Assigned: _____ %

Supervisor's Signature: _____