

**STUDENT INFORMATION:**

LAST NAME:		FIRST NAME:	
STUDENT ID:	A	PROGRAM:	
EMAIL:			

 Please add the below Directed Study course to my registration for the term noted below.

STUDENT SIGNATURE:		DATE:	
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**COURSE INFORMATION (TO BE COMPLETED BY DEPARTMENT):**

Please include a grading scheme as part of your request (Refer to [Academic Regulation 4](#) for Undergraduate level courses and [Academic Regulation 22](#) for Graduate level courses).

Refer to the [Senate Policy on Special Topics and Directed Study Courses](#) for additional information.

TITLE (max 30 characters):			
TERM:		CREDIT HOURS:	
SUBJECT:		COURSE NUMBER*:	

\*Student Systems will assign the final course number.

**BRIEF DESCRIPTION OF COURSE:**

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INSTRUCTOR NAME:	
INSTRUCTIONAL FORMAT:	
HOW IS THIS COURSE BEING FUNDED:	

**FACULTY APPROVAL:**

DEPARTMENT CHAIRPERSON:		DATE:	
DEAN:		DATE:	

Please send completed form to [Sarah.MacLean@smu.ca](mailto:Sarah.MacLean@smu.ca),