Directed or Independent Studies Form/Letter of Agreement

# Part 1: Student Details

To be completed by the student.

First name:

Last name:

WLU ID:

WLU Email:      @mylaurier.ca

Program (e.g. MSc Geography):

# Part 2: Course Details

To be completed by the instructor.

Instructor’s first name:       Instructor’s last name:

Instructor’s email:      @wlu.ca

Discipline code (e.g. HI):       Course number (e.g. 697A):

Course title or topic (30 characters maximum):

Academic term of registration:  Fall 20       Winter 20       Spring 20

Describe the content **in an attached syllabus** outlining:

1. Schedule of meeting with instructor
2. Reading materials
3. Requirements for evaluation, which will be weighted according to the stated percentages (e.g. a 25 page Review of Literature (75%), Weekly Critique of Research Article (25%))

# Part 3: Required Signatures

To be completed by the student, instructor, graduate coordinator/chair and FGPS.

Instructor’s signature:       Date:

Student’s signature:       Date:

## Approval Required by the Graduate Coordinator or the Department Chair

Graduate coordinator’s/ Chair’s name:

Graduate coordinator’s/ Chair’s signature:       Date:      

**Submit the completed form, with the course syllabus, to the Graduate Studies Office by no later than the last date for late registration in the term in which the course is offered.**

**Internal Use Only**

FGPS signature:       Date:        
FGPS Notes:

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