



INDEPENDENT STUDY—REQUEST FOR APPROVAL

Date of request: _____

Name of supervising faculty member: _____

Name of student(s) with student number(s): _____

Course number and title: _____

Please attach the course outline, including student learning outcomes.

Term(s): Fall Winter Intersession/Summer *(circle one)*

0.5 credit

1.0 credit

Vice-Principal & Academic Dean: Approved Not approved

Reason: _____

Vice-Principal & Academic Dean's Signature: _____

Date: _____

Please submit completed request form **with course outline** in either hard copy to Marsha Lace (MSJ 125, Dean's drop-off box, Dean's mailbox MSJ 13, confidential mailbox Registrar's Office), or by email to Marsha Lace (marsha.lace@uwo.ca).

Please contact your School Chair if unsure of a course number.

You will receive an email from Marsha Lace if approved. The Registrar's Office will handle student enrollment.