



Directed studies / Special project request

Student Name:	Student Number:
Course title:	Course code number:
Comments by Supervisor:	Supervisor Name:
	Supervisor signature: Date:
Have you taken any other directed studies / special project lab course? (Tick the appropriate box)	Yes No
Name your capstone project supervisor (if applicable):	
Is your capstone project related to this proposal? Yes No	If yes, please explain:
Semester, academic year applied for:	
By signing this form, I confirm that my capstone project is not directly related this application.	
Signature of student:	Date:
UCC Chair Comments:	
Approved	Denied
UCC Chair Name:	UCC Chair signature: Date:

This form should be accompanied by detailed documentation including but not limited to the following:

- ❖ Syllabus (include the name of textbook if applicable) / Abstract
- ❖ Expected outcomes
- ❖ Scheduled meeting with the supervisor(s)
- ❖ Expected workload (hours per week)
- ❖ Assessment process