

VANCOUVER ISLAND UNIVERSITY

REGISTRATION FORM FOR DIRECTED, INDEPENDENT STUDIES or SENIOR PROJECT

Student Name _____
Student Number _____
Degree Program _____
Application Date _____

For Office Use Only	
Rec'd:	_____
Course:	_____
Section:	_____
Instructor:	_____

NOTE:

- Students must register by the end of the second week of classes.
- Students planning to graduate must have their course work completed and grades submitted by the deadline noted in the calendar

Course Name and Number _____

Course Credits _____

Course Description (if not in calendar)

Curriculum Plan – **Please provide students with the following:** course content, student assignments, required readings, student/ faculty meetings or feedback mechanisms, and methods of student evaluation at mid-term and end-of-term.

Name of Supervising Instructor _____

Fall Semester _____ Spring Semester _____ Intersession _____

Course Start Date _____ Course End Date _____

All course work completed by _____

Signed Approvals

Student _____ Date _____

Supervising Instructor _____ Date _____

Department Coordinator _____ Date _____

Divisional Dean _____ Date _____