

COMMERCE 490 DIRECTED STUDIES

Date: _____

Student's Name: _____ Student Number: _____

Email Address: _____ Phone Number: _____

Faculty: _____ Year Level: _____

Instructor's Name: _____

Credit Value: 3 Term: _____ Completion Date: _____

1. Topic of Directed Study:

2. Course Outline (attach copy if appropriate):

3. Method of Evaluation (provide a breakdown of how the project will be graded):

Student's Signature

Instructor's Signature

Please return this form to the Undergraduate Office in HA 165. We will register you in this course upon receipt of the completed form and approval of the Director of the BCom Program.

Associate Director or Director's Signature