

SIMON FRASER UNIVERSITY
FACULTY OF EDUCATION

APPLICATION FOR DIRECTED STUDY

Course Applied for: _____ Semester: _____

Student name: _____ Student #: _____

Address: _____

_____ Postal Code: _____

Telephone: (Home) _____ (Work) _____

Previous Directed Study Courses completed:

EDUC _____ Title: _____ Completed: _____

EDUC _____ Title: _____ Completed: _____

EDUC _____ Title: _____ Completed: _____

Signatures:

Student Name - Please type or print Signature Date

Cognate Faculty Supervisor - Please type or print Signature Date

Instructor Name - Please type or print Signature Date
(if other than Supervisor)

Office Use:

Study Approved: _____

Study Rejected: _____

Date: _____

Please provide a proposed academic course outline in approximately 250 words:

Provide a bibliography and list of activities (if applicable) for the course:

Indicate the number and type of written requirements to be fulfilled by the student:

Attach a current unofficial SFU transcript.