



REGISTRATION FORM for DIRECTED, INDEPENDENT STUDIES or SENIOR PROJECT

Student Details

Student Name _____

Student Number _____

Student Email _____

Application Date _____

Dean's Office Use Only

Received: _____

Course: _____

Section: _____

Note:

- **Students should 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 Details

Course Name and Number _____ Section _____

Course Start Date _____ Course End Date _____

Campus (*if not Nanaimo*) _____

Name of Supervising Instructor _____

Check one for each of the following:

Directed or Independent Study _____ (*class max=5*) Senior Project _____ (*class max=1*)

Fall Semester _____ Spring Semester _____ Intersession _____ Year-long _____

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

Required Signatures

Student _____ Date _____

Supervising Instructor _____ Date _____

Department Chair _____ Date _____

Divisional Dean _____ Date _____