



Graduate Studies

Independent Study Application

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and are not released to any other parties.

Student Information

Last Name	First Name	Student Number
Email	Program	
Home Telephone		Cellular Telephone

Project Proposal

Fall Semester (D2) credit weight:	Winter semester (D3) credit weight:	Summer semester (SU) credit weight:
<p>Please attach a comprehensive description of your Independent Study Proposal which should include:</p> <ol style="list-style-type: none"> 1. A concise description of your Independent Study (minimum 250 words). 2. Research objectives, methodologies, and expected outcomes. 3. Bibliography. 4. A discussion of the relevance of your Independent Study to your larger program of study. 5. Evaluation criteria and deadlines (to be determined with instructor). 		

Declaration: I have read and understand the Policies & Procedures relating to Special Studies – Independent Study for graduate students and agree to fulfill all requirements. I understand that failure to do so will result in a failing grade on my academic record.

Signature of Student	Date
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I agree that the proposed course of study will support the student's intellectual development and/or creative practice and/or contribute to the completion of the student's thesis or culminating project. I agree to evaluate the student's performance in this course of study and to submit a grade to the Office of the Registrar by the published deadline dates.

Faculty Member	Signature	Date
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This Special Studies credit is an approved substitute for the course:	Independent Study course code:
Signature, Principal Advisor	Date
Signature, Graduate Program Director	Date

Received by:	Date:	Entered:
Previous special studies credits:		