

**PHYS 555 / ASTR 530 - DIRECTED STUDIES**

(This form is to be submitted by the faculty member who will supervise the directed studies)

**INSTRUCTIONS**

Complete the **COURSE INFORMATION** section, including credit value, and submit the form to the Graduate Program Coordinator **before** the start of term. **Keep a copy.** At the end of the term complete the **COURSE RESULT** section, including the final grade, sign and submit the form to the Graduate Program Coordinator.

**COURSE INFORMATION**

<b>Student Name:</b>		<b>Student Number:</b>	
<b>Instructor:</b>			
<b>Credit value:</b>	(1 credit = one meeting per week with instructor and 3 hours per week of work for one term)		
<b>Session/Year</b>	Winter 20____	<input type="checkbox"/> Term 1	(Sep - Dec)
		<input type="checkbox"/> Term 2	(Jan - Apr)
	Summer 20____	<input type="checkbox"/> Terms 1 & 2	(Sep - Apr)
		<input type="checkbox"/> Term 1	(May - Jun)
		<input type="checkbox"/> Term 2	(Jul - Aug)
		<input type="checkbox"/> Terms 1 & 2	(May - Aug)
<b>Course Title:</b>			
<b>Course Description:</b> (Use space below for a brief course description or attach a course outline)			

**COURSE RESULT**

<b>Number of meeting hours with student:</b>	<b>Number of homework hours:</b>
<b>Evaluation scheme:</b> (check all that apply)	<input type="checkbox"/> Quizzes <input type="checkbox"/> Oral exams <input type="checkbox"/> Homework
<b>Final grade (%):</b>	<b>Instructor Signature:</b>

**APPROVALS**

Instructor:

_____ Signature	_____ Name (Please Print)	_____ Date (yyyy/mm/dd)
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Graduate Program Advisor:

_____ Signature	_____ Name (Please Print)	_____ Date (yyyy/mm/dd)
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Department use only: Session/Yr _____ Course No. _____ Section _____ Date Entered: _____
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