

Carleton School of Information Technology
ITEC-5900, Directed Study
Registration Form

Study

Title:

Term:

Student

Name:

ID:

Program:

Signature:

Date:

Instructor

Name:

Course Outline is attached with description, schedule of tasks, and deliverables.

I am willing to work with the student on this subject.

Signature:

Date:

Research Supervisor or Academic Advisor

Name:

Thesis/Project Subject:

This study is not directly related to student's thesis research or final project.

I approve this study as an appropriate subject for the student.

Signature:

Date:

Approval Authority

Name:

Title:

- Associate Director (default authority)
- Director (if one of instructor or supervisor/advisor is the Associate Director)

I approve this study.

Signature:

Date:

Graduate Administrator

Name:

I have allowed the student to register.

Signature:

Date: