

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: _____