

DEPARTMENT OF CLASSICS
UNIVERSITY OF TORONTO
INDEPENDENT STUDIES APPROVAL

STUDENT NAME:

STUDENT NUMBER

COURSE NUMBER REQUESTED

TOPIC OF COURSE

COURSE EXPECTATIONS (E.G., WEEKLY MEETINGS)

SESSION REQUESTED (E.G 20099)

SUPERVISOR (PRINT)

SUPERVISOR SIGNATURE

STUDENT SIGNATURE

UNDERGRADUATE COORDINATOR APPROVAL

BEFORE INSTRUCTION BEGINS, SUPERVISOR WILL SUBMIT A COMPLETED
“FACULTY OF ARTS AND SCIENCE MARKING SCHEME FORM” TO THE
UNDERGRADUATE COORDINATOR

Copies: student, supervisor, undergraduate coordinator