THIS FORM MUST BE COMPLETED AND RETURNED TO
THE GRADUATE ADMINISTRATOR IN THE SCHOOL OF COMPUTER SCIENCE, ROOM 5302 HERZBERG
BEFORE A STUDENT WILL BE PERMITTED TO REGISTER IN A DIRECTED STUDIES COURSE

<u>This is not a registration form. Students must still register.</u>

SCHOOL OF COMPUTER SCIENCE
CARLETON UNIVERSITY

Supervisor Information Form for Graduate Directed Studies Courses

- ***MCS & ISS*** ***COMP 5901***
- ***Ph.D.*** ***COMP 6901***

Term & Year _____ Student #: _____
(e.g., Fall 2012)

Student _____
Name E-mail address

Course # _____MCS & ISS COMP 5901 **<u>OR</u>** _____Ph.D. COMP 6901

Supervisor _____
PLEASE PRINT Name Tel. # E-mail address

CRITERIA FOR FINAL MARK

Please attach a ***<u>detailed outline</u>*** of the directed studies course, including topics covered and evaluation criteria including a breakdown of percentages assigned. This should be a precise statement on how the student will be evaluated and should resemble a course outline. The student will not be permitted to register in this course until the outline has been completed and approved by the Directed Studies Supervisor and the Graduate Director.

Signature of Student: _____

Signature of the Directed Studies Supervisor: _____

Signature of the Graduate Director: _____
Doron Nussbaum Date

For SCS Office Use Only
Outline attached____
Database ____
Banner ____