

Commerce 4SY3 Independent Study Project in Business – Proposal Outline

STUDENT INFORMATION

Student Name: _____

Student Number: _____

Student Email: _____

SUPERVISOR INFORMATION

Supervisor Name: _____

Supervisor Area: _____

Supervisor Office: _____

INDEPENDENT STUDY PROJECT INFORMATION

Project Title: _____

Academic Term: _____

SIGNATURES

I agree to supervise this project and recommend it in lieu of one standard Commerce course. I will submit a final grade for this project course by the end of the examination period for the term.

Supervisor's Signature: _____

Student's Signature: _____

Dr. Susan McCracken
Associate Professor / Associate Dean, Academic

Date Received by SE-A Office
(DSB 112)

Form must be completed, signed, and received by the SE-A Office prior to the end of Week #2. Commerce 4SY3 can only be taken once.

