

DTS390H/Y INDEPENDENT STUDY COURSE FORM

Please print clearly

Last Name:
Student I.D.:

Given Names:
Phone:

College:

1. Indicate any DTS390 Independent study courses already taken and the name of supervisor

2. Specify the requested DTS390 course (highlight one below) and name of the supervisor

DTS390Y1 / DTS390H1

3. Specify session (highlight one below) (This is the duration, not the weight, of your course):

Y (Sept. 2022 to April 2023)

F (Sept. 2022 to Dec. 2022)

S (Jan. 2023 to April 2023)

4. Provide a brief statement of your topic below. Use the back of this form or attach a separate page if necessary.

Kindly email the form to cdts.admin@utoronto.ca. On approval, the Centre will add this course to your sessional course load.

Supervisor Signature:

Printed Name:

Student Signature:

Date: