

## 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 (September - April)  
F (September - December)  
S (January - April)  
Summer Y (May - August)  
Summer F (May - June)  
Summer S (July - August)

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](mailto:cdts.admin@utoronto.ca). On approval, the Centre will add this course to your sessional course load.

Supervisor Signature:

Printed Name:

Date:

Student Signature:

Printed Name:

Date: