DTS390H/Y INDEPENDENT STUDY COURSE FORM

Please print clearly

Last Name: ____________________ Given Names: ____________________
Student I.D.: ____________________ 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):


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@utoronto.ca. On approval, the Centre will add this course to your sessional course load.

Supervisor Signature: ___________________  (Print Name): ___________________

Student Signature: ___________________  Date: ___________________