

Class Number:
Date Registered:
Original in Student's File:

EDPY 699 – PLAN OF STUDY

Part A

Name:

Phone: *(home)*

ualberta.ca Email:

Phone: *(cell)*

Degree sought: *PhD* *Med* *Diploma* *Special Student*

Faculty: *Graduate Studies and Research* *Education* *Student ID#*

Term of Study: *Fall* *Winter* *Spring* *Summer* **Year:**

Part B

Title: Must be different from existing course titles. (60 Characters including spaces)

Instructor:

Objectives:

Major References:

Part C

Method of evaluation:

Subjective evaluations are not sufficient. A project, a paper or an examination with visible or written content is required. Please describe the evaluation procedure for the reading program and retain the document or project materials for one year after the end of Term.

This form must be completed before you will be registered for the course.

Students are responsible for retaining a copy of this Plan of Study for their own records.

Student's signature

Date:

Instructor's signature

Date:

Approved by: (Chair/Associate Chair)

Date: