SGS Approval:

University of Lethbridge Registrar's Office 4401 University Drive Lethbridge, Alberta T1K 3M4 Fax: 403-329-5159 Phone: 403-320-5700

INDEPEND	IFNT STHD	V RECISTR	ATION FORM

University of Lethbridge ID Number: Last Name: Program (e.g. B.A):		Effective Term:	Effective Term:			
		o SSIII 20 o SS				
		First Name:				
		Major (e.g. Sociology):				
Course Title:						
Course Subject and Number (e.g. KNES 3990)	Section (assigned by Registrar's Office)	Instructor Name (First and Last Name)	Second Reader *if required (First and Last Name)	Are you on the Calgary Campus		
				o Yes o N		
* When Graduate level Independen	t Study courses are taught by a Supe	rvisory Committee member, a Second	I Reader must be named from outside that S	upervisory Committee.		
- -			·			
•	is course meets the following Lib e o Humanities o None	erai Education list requirement:				
Brief Course Description:	O Humanities o None					
HELPFUL TIP:						
	ription for this Independent Study w	ill be part of your official, permanent	t University record. Visit the Course Catal	ogue in either Academi		
	oles of course names and description	s.				
Please collect signatures from the f						
Instructor:	Supe	rvisor (Graduate students only):				
Department Chair (Arts & Science	e or Fine Arts only):					
Advising Office (Undergraduate	students only):					
DECLARATION						
	•		y research must be approved in advance	-		
enrolment limits and further	1	tion in my respective Faculty/Scho	ool section of the <u>Academic Calendar</u> to	learn about specific		
If I am a Graduate Student, I	will also read the School of Grad	duate Studies Policies and Procedu	ires.			
_	tures before submitting this for					
-		m and submit it to your faculty/ l to <u>student.records@uleth.ca</u> fo	school advising office for all of the re or processing.	quired signatures.		
Graduate Students: Once com	plete, please save this form and	l attach it to an email addressed	to sgs@uleth.ca from your '@uleth.ca	ca' email address or		
submit a paper copy to the Sc	hool of Graduate Studies Office	e (B610).				
Student signatur	e required if submitting paper co	py	Date	_		
The personal information on this form is co	ollected under the authority of the Post-seco	ndary Learning Act (Alberta) and the Freedo	om of Information and Protection of Privacy Act	antacting you should		
University courses and services; and opera	ting other University-related programs. The	University of Lethbridge may share and disc	onitoring, planning and research; alumni relations; co lose information within the University to carry out in	ts mandate and operations.		
-		nd provincial governments to meet reporting ve West, Lethbridge, AB T1K 3M4; email: fo	requirements. For questions on the collection, use an ip@uleth.ca ; tel: 403-332-4620.	nd disclosure of this		
For Office Use Only						