Directed Reading Course Proposal Form (CPS5001H & CPS5002H)

Under the supervision of a faculty member appointed to the Graduate Department of Psychological Clinical Science, the directed reading project will provide students with an opportunity to engage in an intensive examination of a topic of interest. The student must demonstrate a background adequate for the proposed project. Together with the supervisor/instructor, the student must complete the required information below and append a 1-page proposal prior to the start of the academic term in which the project will be initiated. This form along with the proposal should be submitted to the Graduate Assistant (SW427G) as per the deadlines listed on the website. The Program Coordinator will provide final approval on all project proposals within 2 weeks of submission. Directed reading projects will be graded on a pass/fail basis.

Student Full Name: ___________________________ Date: __________

Student Number: ___________________________ Course (circle): CPS5001H        CPS5002H

Supervisor/Co-Supervisor: ________________________________________________

Proposed Instructor (if different from above): _________________________________

Course start date: ________________ Course duration (circle): 1 term           2 terms*  
*course weight is fixed at 0.5FCE

Append a 1-page proposal with the following information:

- Course/project title
- Project summary and rationale including learning objectives
- Schedule of meetings (minimum 3 meetings, e.g., initial, midterm and end-of-term)
- Deadlines for submission of work (including final report)
- Evaluation methods (including percentage weight for each)
- List of texts (primary and secondary materials)

_________________________________________  ___________________________
Student Signature                              Date

_________________________________________  ___________________________
Instructor/(Co-)Supervisor Signature           Date

Recommendations by Program Coordinator: 
Approved: _____  Refused: ______
(or Chair if Program Coordinator is the proposed instructor)

Comments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

_________________________________________  ___________________________
Program Coordinator Signature                Date
(or Chair if Program Coordinator is the proposed instructor)