Department of Resource Economics and Environmental Sociology INDIVIDUAL STUDY FORM FOR GRADUATE STUDENTS

Student Inform	ation		
Name	ID Number		
Telephone	E-Mail		
Course Informa	ation		
Course Abbreviation	Credits Circle one: 3 6 (Note some courses are only offered as 3)		
Section	Term Circle one: Fall Winter Spring Summer		
Course Title (55 characters or less including spaces)			
Description			
Objectives			
Instructor Contact Hours	(e.g. 3 hours per week for 13 weeks = 39 contact hours)		
Requirements	(e.g. report size)		
Grading	(Indicate % of the final mark will be allocated for discussion, written report, final report, etc.)		

Student signature	Date	_	
Signature of Instructor	Date	_	
Signature of Supervisor	Date	_	
Graduate Coordinator's Signature	Date	_	
The personal information requested on this form is collected under the authority of Section 33(c) of the <i>Alberta Freedom</i> of <i>Information and Protection of Privacy Act</i> for the purpose waiving required courses. Certain personal information may be made available to federal and provincial departments and agencies under appropriate legislative authority. Questions regarding collection, use or disposal of this information should be addressed to Associate Chair, Department of Human Ecology, Room 302D Human Ecology Building, Edmonton, Alberta T6G 2N1, Telephone: (780) 492-5997, Fax: (780) 492-4821.			
For Department Office Use Only Date Course Section Scheduled on Peop	leSoft		
Date Department Registered Student			