**Graduate Liberal Studies**

**Simon Fraser University**

**Request for Directed Reading Course – LS 829 MA Students**

**Or SAR 894 for PhD Students**

**Name of Student:**  **Student Number:**

**Title of Course:**

**COURSE DESCRIPTION:**

**Name, Title and Department of Instructor:**

**Texts:**

**Objectives:**

**Basis of Evaluation (eg. essays):**

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Chair’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_