

TRINITY COLLEGE INDEPENDENT STUDIES PROGRAM - REGISTRATION FORM

Name of student:

Student number:

Telephone number:

U of T E-mail:

Program of Study:

Independent Study Course Code & Session:

Course Breadth:

Title of Project:

Supervisor

Name of supervisor:

Supervisor's position:

**Is the supervisor tenure stream faculty
and/or a member of the School of**

Graduate Studies?

Yes

No

Supervisor's university address:

University phone number:

E-mail:

Date:

Supervisor Signature

Second Reader

Name of second reader:

Second reader's position:

**Is the supervisor tenure stream faculty
and/or a member of the School of**

Graduate Studies?

Yes

No

Phone Number:

E-mail:

Date:

Second ReaderSignature: