

# Religious Studies Directed Study Approval Form

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_

## **RELS590-09S, A, B, Y Directed Study**

(Please indicate semester applies)

**Topic Description:**

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**Approved by:**

**Religious Studies  
Supervisor:**

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**Date:**

\_\_\_\_\_

**Note: Enrolment forms for graduate study have to be signed by the Graduate Advisor or the Chairperson of the Department.**