

Faculty of Education Independent Studies Registration Form

This form will register you for an independent study and will be forwarded to the Registrar's Office by the Program Secretary. **You must make the appropriate arrangements with Financial Services for the payment of your fees.**
INDEPENDENT STUDY OUTLINE: THE SUPERVISOR MUST ATTACH AN OUTLINE TO THIS REGISTRATION FORM.

Student Number	Student Name
PROGRAM <input type="checkbox"/> MAEd <input type="checkbox"/> MEd <input type="checkbox"/> MASP <input type="checkbox"/> Research MA <input type="checkbox"/> BEd (Elementary) <input type="checkbox"/> BEd (Secondary)	AREA OF CONCENTRATION (Graduate Programs Only) <input type="checkbox"/> Curriculum Studies <input type="checkbox"/> Educational Foundations <input type="checkbox"/> Elementary Education <input type="checkbox"/> Educational Psychology <input type="checkbox"/> Lifelong Learning <input type="checkbox"/> Literacy Education

Ethics Review Required: N/A Yes

Professor's Name: _____

Course Title: _____

Course Number and Section: _____ (to be assigned by Program Secretary)

Unit Value (to be completed by faculty): 0.5 unit 1.0 unit

<input type="checkbox"/> Required (Equivalent to: _____) <input type="checkbox"/> Elective <input type="checkbox"/> MEd Project	<input type="checkbox"/> Academic Year _____ <input type="checkbox"/> Summer Session I _____ <input type="checkbox"/> Summer Session II _____
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Method of Evaluation: (to be completed in detail by the professor)

Professor is: Full-time Part-time Term Seconded

Professor's Signature: _____

Program Head/Coordinator's Signature: _____

Dean's Signature: _____

By signing this form, I acknowledge receipt of the University Calendar and I hereby agree to abide by all University regulations and policy as contained therein including any revisions, deletions or additions made to them in the future.

Student's Signature: _____ **Date:** _____

You must complete the reverse side of this form.

Expected Date of Graduation

Do you expect to graduate this year? <input type="checkbox"/> YES (Fall: Year ____ Spring: Year ____) <input type="checkbox"/> NO In order for your file to be processed for graduation, you must submit an Intention to Graduate form to the Registrar's Office. The deadline for submitting the Intention to Graduate form for Fall Convocation is July 15.	If NO, when do you expect to graduate?
If you are registered currently as a non-degree student, do you intend to seek admission to a degree program and graduate at a future date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Next of Kin

Name	Relationship
Address	Phone Number
Emergency Contact	Emergency Phone

The following data are for information purposes only

To which ethnic or cultural group(s) do you belong? _____ (eg. Acadian, African-Canadian, Chinese, East Indian, French-Canadian, German, Inuit, Italian, Jamaican, Jewish, Lebanese, Mi'kmaq, etc)

The following information is requested for Statistics Canada reporting purposes

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Not Married	First Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____
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I am a Canadian Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please complete remainder of this section.
Citizen of _____ and <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student VISA <input type="checkbox"/> Other type of VISA	
Entered Canada: Year _____ Month _____ Day _____	

At the request of the Maritime Provinces Higher Education Commission (MPHEC) and Statistics Canada, Mount Saint Vincent University includes the following information regarding the disclosure of personal information to these bodies:

“Under the federal *Privacy Act*, individuals can request access to their own, individual information held on federal information banks, including those held by Statistics Canada.

Students who do not wish to have their information used are able to ask Statistics Canada to remove their identifying information from the national database.”

Please see the University *Calendar*, page 32, for further information on such access.

The information on this registration form will be released to other university departments on campus.