

**Commerce 4SY3  
Independent Study Project in Business – Proposal Outline**

**STUDENT INFORMATION**

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**SUPERVISOR INFORMATION**

**Supervisor Name:** \_\_\_\_\_

**Supervisor Area:** \_\_\_\_\_

**Supervisor Office:** \_\_\_\_\_

**INDEPENDENT STUDY PROJECT INFORMATION**

**Project Title:** \_\_\_\_\_

**Academic Term:** \_\_\_\_\_

**SIGNATURES**

I agree to supervise this project and recommend it in lieu of one standard Commerce course. I will submit a final grade for this project course by the end of the examination period for the term.

**Supervisor Signature:** \_\_\_\_\_

\_\_\_\_\_  
**Area Chair**

\_\_\_\_\_  
**Director, U/G Programs**

\_\_\_\_\_  
**Date Received by APO**

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**Form must be completed, signed and received by the APO prior to the end of Week #2.**

