

## PHARM 400/401 Independent Study Agreement

Waterloo Student ID:	Term & Year:	Name:
Course:		Cohort:
PHARM 400	PHARM 401	

Please consult with your proposed supervisor BEFORE you submit this form. Once you have an idea for a project you can contact a member of the teaching staff to see if they can supervise your project. After obtaining your supervisor's signature, deliver this form the course coordinator.

**NOTE:** If your proposed supervisor is NOT a member of the teaching staff please contact the PHARM 401 course coordinator to discuss how to proceed. Either the PHARM 401 course coordinator or another teaching staff member with relevant expertise will serve as a second reader for these types of projects.

Second reader (if applicable):

Title and Brief Description of Project (do not go beyond this page in length):



Schedule (use a calendar together with this form to determine	e milestones, meeting dates & times, and deadlines):
Student Signature:	Course to drop in order to enrol (if applicable):
Supervisor Signature:	Supervisor Name:
FOR OFFICE USE ONLY	

Verify enrolment history (max. 1.0 credits permitted for Independent Study courses

**Enrol via Quest Updated October 2022**