Department of Computing and Software Permission of the Department - **COMPUTER SCIENCE 4Z03**

Where the prerequisite for a course is shown as approval of the department or instructor, it is the student's responsibility to obtain this Permission Form. In all cases the consent of the department is required. Admission to a course is not guaranteed by the completion of this form.

TO BE COMPLETED BY STUDENT:		
Student name:	Student #:	
Email:	Program:	
Request permission to register in CON	MP SCI 4Z03 in Term,	(academic year)
Сотр	outer Science 4Z03 Proposal	
Please provide and attach to this form the following:	n a brief course outline (one to to	wo pages) that includes
* Topic and paragraph describing the	body of work to be studied	
* Learning goals and objectives		
* Resources required to meet learning	g goals and objectives	
* Deliverables/methods of evaluation	n with corresponding due dates a	nd relative weights
* Planned contact with instructor and	d mechanism for obtaining instru	ctor feedback
Student Signature	Date	
Supervisor Approval		
I agree to supervise this proposal.		
Supervisor's name – print	Supervisor's signature	 Date
Departmental Approval		
Chair's approval:	Date:	