



GRADUATE ADMISSIONS AND RECORDS
 UNIVERSITY CENTRE
 UNIVERSITY OF VICTORIA
 PO BOX 3025, STN CSC
 VICTORIA BC V8W 3P2 CANADA

**PROPOSAL FOR PRO FORMA COURSE
 FACULTY OF GRADUATE STUDIES**

Class pro forma Open to web registration

Open to departmental registration

List of students and signatures attached

OR

Individual Student Number V00

Student's Name _____

Student's Department // Email address _____

Student's Signature _____

Adding or dropping courses after the published deadlines requires permission of the Dean of Graduate Studies. A \$35 late registration fee will be assessed. If you wish clarification of your fee obligations, please contact Graduate Admissions and Records.

COURSE INFORMATION

Dept	Course Number	Section <small>(gato use only)</small>	CRN <small>(gato use only)</small>	Course Title (as per calendar)	Unit Value
EOS	580			DIRECTED STUDIES	1.5
Section Title: (Must be provided. 50 character limit) <u>ARCTIC ACOUSTIC FISH TRACKING MODELING</u>					

On Campus Off Campus Location: IOS

Outline of course content: (equivalent to calendar description) and should briefly state, using phrases rather than sentences, the general aims of the course and the main topics or areas to be considered. **Must be typed, or you may attach a typed version.**

SEE ATTACHED

Contact hours per week: 3
 (Typically, a 1.5 unit course requires 3 contact hours per week for a term, a 3.0 unit course requires 3 contact hours per week for the winter session.)

Term and Year offered: (Please select one only)

Sept to April 20__ Jan to April 2011

Sept to Dec 20__ May to August 20__

Evaluation Technique: (Please ensure that percentages add up to 100%)

Type <small>(Test, Paper, Oral, etc)</small>	Weight <small>(%)</small>	Date Due <small>(DDMMYY)</small>	Description <small>(Please include number and length of papers)</small>
PAPER	50	29 FEB 11	10 PAGES
PAPER	50	5 APR 11	10 PAGES

	Name(s) (Please print)	Signature(s)	Date
*Course instructor(s) Instructor V#(s) _____	_____	_____	_____
*If the instructor is a sessional lecturer, approval to teach this course must be approved by the Dean of Graduate Studies	_____	_____	_____
Departmental Graduate Advisor	_____	_____	_____
Supervisor	_____	_____	_____
Faculty of Graduate Studies	_____	_____	_____

REFER TO REVERSE

Keep a copy of this form for your records