

THE UNIVERSITY OF MANITOBA
Department of Community Health Sciences
Reading Course Form

This form must be completed, including signatures, and forwarded to the Director, Graduate Program, Community Health Sciences before students will be permitted to register for a reading course.

The following student will be undertaking a reading course as detailed below:

Student Name: _____ Student Number: _____

Term: _____ Year: _____

Program Status in CHS: check Dip.P.H. M.Sc. M.P.H. Ph.D. O.S. Interdisciplinary

Other Department (*please specify program and status*)

Course Number: CHSC 7400 Directed Readings I Lecture Section _____ CRN _____
 CHSC 7410 Directed Readings II Lecture Section _____ CRN _____

Course Title: _____
(brief, but appropriately descriptive to convey focus)

30-Character Topic Abbreviation: (to appear on student's transcript)

The instructor must attach a separate page(s) with a course description including:

- * summary of course content;
- * contact hours (frequency and duration);
- * method of evaluation;
- * start and end dates of course.

Student Signature: _____ Date: _____

Instructor Signature
(print and sign): _____ Date: _____

Instructor's Department: _____