**Institute for the Study of University Pedagogy (ISUP)**

**Independent Reading Course Proposal Form**

Students should complete this proposal form in consultation with their faculty supervisor and submit it to the Academic Advisor and Faculty Support Administrator: isup.advisor@utoronto.ca Independent Reading Courses cannot be added using ACORN.

**Instructor:**

**Student Name(s) and Student Number(s):**

**Proposed Course Name** (limited to 150 characters)**:**

**Proposed course level and session** (ISP490Y or ISP491H)**:**

**Course Description** (150-200 words)**:**

**Learning Outcomes:**

**Assessment** (include all forms of assessment and weightings, equalling 100%)**:**

# **Connection to ISUP Curriculum** (identify the courses the proposed course builds upon, complements, or anticipates, if appropriate)**:**

Faculty Member signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

For office use only

Date received: \_\_\_\_\_\_\_\_\_\_\_

ISUP Academic Advisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

ISUP Chair/Designate signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_