Pathology 548 Directed Studies Information sheet

A. To be completed by the instructor

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| --- | --- |
| Name of Instructor(s): |  |
| Position |  |
| UBC Department |  |
| Phone |  |
| Email |  |
| Course title |  |
| Specify term  *Winter session (Full,T1,T2)*  *Summer session (Full,T1,T2)* |  |
| Date of first instructional session. |  |
| Number of ours of direct teaching |  |
| Number of hours of laboratory teaching |  |
| No. of Credits (Maximum # of credits is 3)  *(One credit represents one hour of instruction or two to three hours of laboratory work per week throughout one term of a Winter session (Sept to Dec or Jan to May). A credit is approximately one semester hour)* |  |
| Specific Learning objectives of the course |  |
| Does this directed studies program overlap with the curriculum provided by other UBC courses (Y/N)  *If yes, please provide details of overlap* |  |
| Course outline.  *Please provide an outline of discussion topic/methods to be taught.*  *On a separate page, please provide a detailed plan for the course such as lecture titles, date, speakers etc. .* |  |
| No. of teaching hours |  |
| No. of lab hours |  |
| Will there be a written exam? (Y/N) |  |
| Will there be a written project report (Y/N) |  |
| Will there be an examined oral presentation (Y/N)  *If yes, please provide names and contact email for examiners other than the course instructor* |  |
| Where the students taking the course are registered as your graduate students, please indicate how the teaching and learning opportunity provided by this course differs from what is normally expected in graduate student supervision. |  |
| Signature and date form submitted |  |

**B. To be completed by the student**

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| Name of student |  |
| Program |  |
| Degree (MSc or PhD) |  |
| Phone |  |
| Email |  |
| Please include a short description of your thesis research. |  |
| How does this directed studies program relate to your thesis research  *Note: You may not actually do your thesis work during this course. The course can be related to the thesis such as learning new techniques.* |  |
| Signature and date form submitted |  |

**Please return the completed form to Heather Cheadle at** [**heather.cheadle@pathology.ubc.ca**](mailto:heather.cheadle@pathology.ubc.ca)**.**

**Normally, this should be completed a minimum of two months prior to the start of the course.**