UNIVERSITY OF CALGARY

CUMMING SCHOOL OF MEDICINE

Graduate Science Education 3330 Hospital Drive NW Calgary, AB, Canada T2N 4N1

Directed Study Course Request

(v. 2023.10)

Directed Studies are study arrangements for academic credit typically made between one or more students and a supervising faculty member. The supervising faculty member **cannot** be a sessional instructor or adjunct, although they may be from another faculty within the University of Calgary, and they must have a TUCFA appointment.

Directed Studies offer opportunities for students to pursue further exploration into specialized topics and themes related to their program of study, which may be supplemental or peripheral to the core curriculum of their respective degree programs. Usually, Directed Studies are created for one or two students specifically to meet their academic requirements. In other cases, faculty members use Directed Studies to pilot "bridging courses" that, if successful, may be added permanently to the GSE course inventory.

APPLICATION INSTRUCTIONS

Instructors must submit Directed Study requests to gsecourses@ucalgary.ca by the stated deadlines and include:

(1) A completed and signed copy of this application form

(2) A draft syllabus

Directed Study requests are reviewed by the Graduate Program Director and Associate Dean. Once approved, the course is scheduled by the Registrar's office. Directed Studies may be approved to operate in any term (fall and winter, 13-week courses) or intersession (spring and summer, 6-week courses) and must align with the start/end dates listed in the academic calendar.

Please note that Directed Studies **cannot** contribute to, or form part of, thesis development or candidacy preparation. Work that will partly, or wholly, become a chapter, or sub-chapter, of a MSc or PhD thesis is considered a normal part of the research process and, as such, should not be undertaken as a Directed Study.

It is **the instructor's responsibility** to design the course (optionally with student consultation) and submit the request (application form and draft syllabus) to the Graduate Science Education (GSE) office by the stated deadlines. The information provided within this form will help the approvers evaluate the elements of the course request and ensure it is suitable to the program of study. Once completed, the instructor and co-evaluator must sign-off, and **the instructor** shall obtain the signature of their Graduate Program Director **before submitting** to the GSE office for processing.

Co-Evaluator: In addition to the course instructor, in the service of providing an arms-length assessment, an independent assessor (who does not have a conflict of interest with the student, the student's supervisor, or the Directed Study instructor) must participate as an observer and assess all performances on which the grade is based. The independent assessor's evaluation will constitute at least 50% of the weighting for the final overall grade. Exceptions may be made for "**bridging courses**" that are in the pilot stages of development.

Directed Studies are letter graded only and the final course letter grades must be submitted by the instructor at the end of the semester in accordance with the University's grading deadlines.

Please direct all enquiries about this form to gsecourses@ucalgary.ca.

Approval/Administration Timeline

SUBMISSION DEADLINE TO GSE OFFICE: Minimum 4 weeks prior to proposed term/intersession start dates:

- Instructor submits request to GSE at gsecourses@ucalgary.ca (due min. 4 weeks to term/intersession. start)
- GSE checks the application package for completeness (about 1 week to process)
- GSE seeks approval from the Associate Dean (about 2 weeks to process including necessary revisions)
- GSE sends course scheduling request to Registrar's office for systematization (about 1 week to process)

| Required Course Information | |
|------------------------------------|--|
| Course number: | MDCH 700 Directed Study in Community Health Sciences (3-units) |
| | ☐ MDGE 755 Directed Study in Medical Education (1-unit) |
| | MDSC 755 Directed Study in Medical Sciences (3-units) |
| To operate in: | Fall term (13 weeks, 3 hours per week) |
| | ☐ Winter term (13 weeks, 3 hours per week) |
| | Spring intersession (6 weeks, 6 hours per week) |
| | Summer intersession (6 weeks, 6 hours per week) |
| This course is being offered: | ☐ To one or two students to meet their academic degree requirements. |
| | To pilot as a "bridging course" for multiple students. |
| Formal course title: | |
| Primary instructor: | |
| Primary instructor e-mail address: | |
| Co-evaluator: | |
| Co-evaluator e-mail address: | |
| | |

| Primary mode of instruction and course delivery: | Regular synchronous meeting times, either inperson or remote. |
|--|---|
| | Asynchronous online coursework with meetings scheduled on an <i>ad hoc</i> basis and as needed. |
| Weekly timeslot (days and times; required for synch | nronous only): |
| Student Details | |
| If the Directed Study is intended for one or two stuces complete this section. | udents to meet their academic requirements, then please |
| If the Directed Study is a "bridging course", then pleasures checkbox is ticked above. | lease DO NOT complete this section and ensure the "bridging |
| Name: | |
| UCID number: | |
| Current degree program: | |
| Email address: | |
| Name of supervisor: | ☐ n/a |
| Second student if applicable: | |
| Name: | |
| UCID number: | |
| Current degree program: | |
| Email address: | |
| Name of supervisor: | n/a |
| Third student if applicable: | |
| Name: | |
| UCID number: | |
| Current degree program: | |
| Email address: | |
| Name of supervisor: | ☐ n/a |
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| | Rationale and Context | | | | |
|----------|--|------|--|--|--|
| | Please provide context and a brief rationale for requesting this Directed Study: | | | | |
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| | Approval Signatures (to be obtained by the instructor) | | | | |
| | | | | | |
| | | | | | |
| | Primary instructor signature | Date | | | |
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| | Co-evaluator signature | Date | | | |
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| | | | | | |
| | Graduate Program Director signature | Date | | | |
| | | | | | |
| | Approval Signatures (to be obtained by GSE) | | | | |
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| | | | | | |
| | | | | | |
| | Associate Dean signature | Date | | | |
| ONCE ALL | ONCE ALL RELEVANT SIGNATURES ARE OBTAINED ABOVE, PLEASE SUBMIT THE COMPLETED FORM AND COURSE OUTLINE TO gsecourses@ucalgary.ca | | | | |
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| | End of Form | | | | |
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