

A course supervision is considered as an exceptional measure at all times. The student normally enrolls in courses previously scheduled in the regular programming. In case a course is not offered according to schedule, a course supervision may be authorized to the student, if the course content allows it, in the following cases:

1. For the student at the end of the program;

If the supervision enables the student to complete his final studies during this session and if the annual programming approved or planned involves a delay of more than one session.

2. For the student enrolled in a program that is no longer available.

3. In other cases, it is the program supervisor who must justify the request.

All requests for a course supervision must be sent to the concerned module before the beginning of a new session.

1. IDENTIFICATION	
Permanent code: _____	
Last name at birth: _____	First name: _____
Program: _____	Student status: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>

2. IDENTIFICATION OF THE COURSE REQUESTED IN SUPERVISION (STUDENT)	
Title: _____	
Code: _____	Number of credits: _____
Term: _____	Locality: _____
Student signature: _____	Date: _____

3. JUSTIFICATION OF REQUEST (STUDENT)
Justification: _____

4. JUSTIFICATION OF REQUEST (PROGRAM DIRECTOR)			
Compulsory course: <input type="checkbox"/>	Optional course: <input type="checkbox"/>	Free course: <input type="checkbox"/>	
Course offered at the previous session	yes <input type="checkbox"/> no <input type="checkbox"/>	Center: _____	
Course offered at this session	yes <input type="checkbox"/> no <input type="checkbox"/>	Center: _____	
Course offered at the next session	yes <input type="checkbox"/> no <input type="checkbox"/>	Center: _____	
Credits earned in the program: _____ on _____			
Justification: _____			

Supervisor suggested (if applicable): _____			

5. AUTORISATION OF THE SUPERVISION AND DESIGNATION OF THE SUPERVISOR		
Supervision accepted, no charge (SS) <input type="checkbox"/>	Supervision accepted with fees (SO) <input type="checkbox"/>	Supervision refused <input type="checkbox"/>
Name of the supervisor: _____		
Department: _____		
Signature of Supervisor: _____	Date: _____	
Signature of the Director of the program: _____	Date: _____	
Signature of the Director of the department: _____	Date: _____	
Signature of the Research Director (2nd and 3rd cycles), if any: _____	Date: _____	