

Complete this form as per the instructions below and review it with your Faculty Advisor. Your Faculty Advisor will forward onto the Director for approval. Keep a digital copy for your records and to make any future changes.

INDIVIDUAL PROGRAM OF STUDY
Class of 2025

Date: _____

Student Name: _____ Faculty Advisor: _____

Student Number _____

Area of concentration (select one from menu)

Pathway to Complete Degree (select one)

CORE COURSES	TERM (e.g., W2024)	CREDITS
SURP 812		
SURP 814		

ELECTIVES – For First-year of Study:
Choose only One

For Secondyear of Study: