

Chits Notification Form

Per Collective Agreements: (CUPE - Appendix C, and Full-Time - Article 23.8)

Professor:

Course:

Term	Year	Unit Value (0.5 or 1.0)
<input type="checkbox"/> Fall		
<input type="checkbox"/> Winter		
<input type="checkbox"/> Fall/Winter		
<input type="checkbox"/> Summer Session 1		
<input type="checkbox"/> Summer Session 2		

Please check one of the following:

- Challenge Examinations
- Graduate Thesis
- Honours Thesis
- Independent / Directed Study
- Masters' Project
- Student Teacher supervision

Student Name:

Student Number:

Information on Course:

Signature of Professor: _____

Date: _____

Please submit one copy to your respective Dean and ensure that the appropriate course outline is sent to the Registrar's Office.