

## School of Interdisciplinary Global Studies

## Undergraduate Africana Studies Independent Study Contract

**Directions for the student:** Please complete this contract with the professor that has agreed to oversee your Independent Study. After you have both completed this contract and signed it, please turn this form into your Academic Advisor for Africana Studies. Your advisor will contact you with a CRN and permit to register with after all required signatories have approved. **This form is to be completed by the end of the 3<sup>rd</sup> day of the first week of school (drop/add week).**

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student U# \_\_\_\_\_ Email address: \_\_\_\_\_

Semester: \_\_\_\_\_ Credit hours: \_\_\_\_\_ (1-3 hours)

Do you intend to take AFA 4905 concurrently with AFA 4936: Capstone in Africana Studies?      Yes      No

Faculty overseeing study: \_\_\_\_\_ (clearly write or type name)

### Requirements:

1. Attach a written proposal that indicates topic and statement of the project, significance of the project for Africana Studies or for the curriculum/interest of the individual student, preliminary reading list for the semester (bibliography), and other relevant information.
2. Attach a description for requirements for student performance and assessment (what will the student be required to do, what is the schedule for completion, schedule for student-faculty meetings, and grading policy)
3. Due Date for independent study project:

I have discussed the requirements for this independent study/research with the professor overseeing this study and understand my responsibilities as the student for completing this course.

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Student Signature

Date

The above student has my permission to register for AFA 4905. We have discussed the requirements for this course and I agree to supervise the study.

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Professor Signature

Date

Undergraduate Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_