

Women's Studies Independent Study Contract

Name of Student _____ Student number _____

Phone numbers _____ Email _____

Name of Academic Supervisor _____

Phone numbers _____ Email _____

Semester/Year _____ Credits _____ Dates of Independent Study _____

Teaching/Learning/Research Contract: Discuss with your faculty supervisor the plans for your project/independent study before you complete this form. Clearly articulate the areas of focus and activities for credit. In agreement with your faculty supervisor, outline the timing and purpose of semester meetings and milestones for a timely completion of work. This does not have to be lengthy - just a concise page or two. Please attach additional sheets here if necessary. Bring this completed, signed form to the WS office to receive a permission number to register.

Student Signature

Date

Academic Supervisor Signature

Date