I. Student’s Name: ______________________________________________________

Telephone: ___________________  Email _________________________________

II. I have previously taken WMST 491. (limit of 6 credits)

Title of Study: ________________________________________________________

Name of Instructor: ____________________________________________________

Course: WMST ___________  Semester ___________  Grade _______________

III. On a separate paper(s), single spaced, please address the following:
1. Objectives of the Independent Study
2. Relationship of the Independent Study to student’s academic and career program
3. A bibliography of required readings.
4. Course requirements (all students taking WMST 491 must complete a 25 page paper or 25 pages of written work)
5. Calendar of proposed meeting days and times.

IV. Faculty Supervisor

Phone ___________________  Email _________________________________

I agree to supervise this student in the work described herein, have made clear to the student the requirements of the course, the meeting schedule, the criteria of evaluation and the nature of the grading.

Faculty Supervisor Signature ___________________________  Date ______________

V. Student Affirmation

I agree to fulfill the assignments as described in the attached statement of objectives and requirements. I understand what is required of me, the criteria that will be used for evaluation, and the nature of the grading.

Student’s Signature ___________________________  Date ______________

Department Chair Approval ___________________________  Date ______________