

**TOWSON UNIVERSITY
WOMEN'S AND GENDER STUDIES DEPARTMENT**

INDEPENDENT INVESTIGATIONS IN LGBT STUDIES

I. Student's Name: _____

Telephone: _____ Email _____

II. I have previously taken LGBT 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 LGBT 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 _____