

School of Interdisciplinary & Global Studies

Africana Studies Directed Reading Contract

Directions for the student: Please complete this contract with the professor that has agreed to oversee your Directed Reading. After you have both completed this contract and signed it, please turn this form into the Academic Advisor for Africana Studies. Your advisor will contact you with a CRN and permit to register with after the department chair has approved this directed reading/research.

Student First Name: _____ Last Name: _____

Student U# _____ Email address: _____

Contract for: Semester/Year: _____ # Credit Hours: _____
(1-3 hours)

Name of Faculty overseeing study: _____

Course Requirements for AFA 4900 (please attach additional sheet if necessary):

Grading criteria, scheduled meetings, and deadlines for assignments:

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

Student Signature

Date

The above student has my permission to register for AFA 4900. We have discussed the requirements for this course and I agree to supervise the study.

Professor Signature

Date

Department Chair Signature

Date