

DEPARTMENT OF AFRICANA STUDIES
COLLEGE OF ARTS AND SCIENCES

Individual Contract

All spaces must be completed

Office Manager to complete:

CRN: _____ PrefixCrsSec#: _____

Circle one:

AFA 4900 Directed Readings

AFA 6905 Directed Individual Research

AFA 6945 Internship

AFA 4910 Individual Research

AFA 6910 Directed Research

AFA 6971 Thesis

Number of credits for this course: _____

STUDENT'S NAME: _____

STUDENT'S ID#: U _____

NUMBER OF CREDIT HOURS IN MAJOR COMPLETED: _____

INSTRUCTOR'S NAME: _____

SEMESTER: Fall () Spring () Summer A () B () C () Year: _____

Mandatory - please provide the following information on a separate sheet:

- (1) Substantive requirements - attach specific information on the proposed readings or research topic, reasons for course, source of data, references, and other relevant information.
- (2) Grading procedures and criteria:
- (3) Other conditions
- (4) Due date

I hereby agree to the terms outlined above for completion of this course.

Student's Signature

Date

Instructor's Signature

Date

Chairperson's Signature

Date