The student must complete this form, obtain the instructor’s approval, and submit this to the CCGRS academic coordinator in order to ensure receiving credit for the course. CES 499 courses receive grades of S or F, and may be repeated for credit in subsequent terms.

Student’s Name: ______________________________        ID#:________________________

Major: ___________________________         CCGRS Advisor’s Name: _____________________

☐-Fall   ☐-Summer   ☐-Spring  20_____ Credit Hours:____________

Please indicate if this is a replacement of a CES course for a Major or Minor or if it is being used to satisfy an [M] course. ____________________________________________

Describe the topic, focus and scope of the independent study:

Detail the objectives and rationale for the independent study:
Explain why an independent study is warranted in this case. Address any alternatives:

Outline the readings and assignments. Indicate how often faculty and student will meet:

Explain how the independent study will be evaluated:
(for instance, journaling or reading log; papers, completion of research project):

__________________________  ____________________________
Student                       Date                      CCGRS Faculty Mentor                  Date

__________________________  ____________________________
Curriculum Committee Chair     Date                      Department Chair                    Date
Release of Liability

I understand that there are dangers of loss or injury inherent in the directed study activities that I am undertaking. The agency where I will do my internship has made clear to me particular risks which may be associated with my particular placement. In considering my participation in this activity, I assume all risks. I further release Washington State University, the Critical, Culture, Gender, and Race Studies Department, the Comparative Ethnic directed studies program, the agency, project or employer and their directors, volunteers, employees, or agents from all harm, injury, damage of every kind, whether foreseen or unforeseen, which may befall me while I participate in this activity. I further agree to save and hold harmless the above mentioned parties from claim by me, my family, estate, heirs or ensigns.

My signature acknowledges that I have read this release of liability and assumption of risks. I sign voluntarily and realize I am limiting legal rights which may have otherwise been afforded me.

Signature________________________________________ Date___________________

Printed Name______________________________________________________________________________

I agree that if I am providing transportation to/from or during the course of a directed study, that I
• have in possession a valid driver’s license,
• have minimum liability insurance as required by the State of Washington,
• will use a vehicle that meets safety standards,
• will not exceed passenger capacity for the vehicle.

Signature________________________________________ Date___________________

Printed Name______________________________________________________________________________

Driver’s License Number________________________ State__________________

PLEASE READ, SIGN, AND RETURN TO THE CRITICAL CULTURE, GENDER, AND RACE STUDIES DEPARTMENT AT THE ABOVE ADDRESS.