

Department of Critical Culture, Gender, and Race Studies

Request to Enroll in CES 499 – Independent Study

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 evaluation:

(for instance, journaling or reading log; papers, completion of research project):

Student Date

CCGRS Faculty Mentor Date

Curriculum Committee Chair Date

Department Chair Date

CES 499 – Directed Independent Study

Office: Wilson 111

Phone: (509) 335-2605

Washington State University

Pullman, WA 99164-4010

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 assigns.

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.