Department of Critical Culture, Gender, and Race Studies
Request to Enroll in Women St 499 – Special Problems

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. Women_St 499 courses receive grades of S or F, and may be repeated for credit in subsequent terms.

Student’s Name: ______________________________                ID#: __________________________
Major: ____________________________    CCGRS Faculty Mentor’s Name: _____________________

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

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

Brief summary:

NOTE: DETAILS TO BE AGREED UPON BETWEEN STUDENT AND THE CCGRS FACULTY MENTOR.

Signatures

_______________________________   ________________________________
Student   Date     CCGRS Faculty Mentor Date
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 Women's Studies 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___________