## 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 Na <u>me:</u>
Student U#	Email address:
Contract for: Semester/Yea <u>r:</u>	# Credit Hours: (1-3 hours)
Name of Faculty overseeing study:	
Course Requirements for AFA 4900 (please	e attach additional sheet if necessary):
Grading criteria, scheduled meetings, and d	eadlines for assignments
I have discussed the requirements for this d understand my responsibilities as the studer	irected reading with the professor overseeing this study and nt for completing this course.
Student Signature	Date
The above student has my permission to re this course and I agree to supervise the student	egister for AFA 4900. We have discussed the requirements for dy.
Professor Signature	Date
	 Date