

FACULTY OF FINE ARTS

Department of Art History Concordia University Independent Study Agreement Form

| Student Name: | ID Number: | |
|--|---|--------------------------------|
| Telephone: | Email: | |
| Current Program of Study: | | |
| Course requested: ARTH 401 (3 cr | edits) | |
| · | Term & Year | |
| General Guidelines: | | |
| Students must be in their third History and Studio Arts, or Ar | • | , - |
| 2. Independent studies are superv | vised by Full-Time Faculty | members. |
| The Independent Study must n history course. | ot replicate an area of stu | dy covered by an existing art |
| e. A detailed list of assign | s name rmation s of the Independent Stud slogy of the Independent S ments, and their relative v milestones, deadlines, and n to ten sources | ly itudy worth dates) |
| Student | Signature | Date |
| I agree to supervise this student for attached proposal: | the Independent Study | listed above as per the |
| Supervisor | Signature | Date |
| Undergraduate Program Director | Signature | Date |