DEPARTMENT OF DESIGN AND COMPUTATION ARTS

Independent Study/Professional Internship Agreement Form

Student Name Email:		I.D.#: Telephone:	
Course:/	S/F/W/		
Course Name/number Se	ession Section	Credit value	Year
Study Proposal Agreement: - Students must submit a copy they meet all requirements is - With the Department's recommember. - A proposal, which includes the etc. must be completed and - Supervising Full-Time faculty schedule of meetings and backedule of meetings and backedule of meetings and backedule of meetings and backedule of meetings and documents of must be a Full-Time - All guideline details and documents.//www.concordia.ca/fimedule.	mendation, the studer mendation, the studer ne purpose and goals of attached to this form. It member will provide artisis and method of evaluated at a completing in the me faculty member. It ments to be submitted mearts/design/student-limited to the first date of register for Independent	sion with a Full-Time fant can request supervise the project, bibliograped agreement statement ation. (attach to this for Design or Computation can be viewed on this fe/resources/independay of class of the term the lent Study/Professional	aculty member. ion from a Full-Time faculty hy, research methodology, with the expectations, orm) n Arts program. website: ent-study-guidelines.html to the Department (EV6.761) I Internship courses.
attached proposal and agreement.			·
Student's Name (print)	Student's Signa	ture C	Pate
Department Recommendation I agree to supervise this student for the Ind and agreement:	Signature ependent Study/Professiona		Date pove as per the attached proposal
Supervisor's Name (print)	Supervisor`s Sig	nature C	Pate
Department Chair (print)	 Chair's Signatur		 Pate
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Department Checklist: O Form O Proposal O Agreement Statement O Student Record O Employer Letter

Updated: February 27/2019

Department Use Only: CGPA: _____ Coded On: ____ List: _