

**HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK
WOMEN AND GENDER STUDIES PROGRAM**

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INDEPENDENT RESEARCH AND INTERNSHIP FORM

DATE: _____

STUDENT'S NAME: _____

S.S.#: _____

ADDRESS: _____

HOME #: () _____

WORK #: () _____

EMAIL: _____

MAJOR: _____

MINOR: _____

PRINT A BRIEF AND CLEAR DESCRIPTION OF PROJECT

REGISTRATION INFORMATION

COURSE #

CODE #

SEC #

SEMESTER: FALL _____

SPRING _____

SUMMER _____

YEAR _____

NAME OF FACULTY SPONSOR

SIGNATURE OF FACULTY SPONSOR

DEPARTMENT OF SPONSOR

TELEPHONE #

EMAIL ADDRESS

DIRECTOR/ADVISOR NAME

DIRECTOR/ADVISOR SIGNATURE

DEPARTMENT STAMP

AGREEMENT: *By signing this form you are agreeing to meet regularly with the student, assign and grade written work, and SUBMIT A GRADE IN A TIMELY MANNER.*