AFRICAN AMERICAN AND AFRICAN STUDIES GRADUATE PROGRAM FORMS

First Year Form

1. Receive and Review Handbook
2. Guidance Committee Convening and Approval Form

Second Year Forms

3. Change of Guidance Committee Member/s Form
4. AAAS 893a and 893c Internship Contract and Successful Completion Forms
5. Independent Study Course Enrollment Forms – AAAS 890
6. Masters Thesis and Research Form – AAAS 899 (Thesis), AAAS 898 (Research)

Third Year and Beyond Forms

7. Comprehensive Exams Completion and Approval Form (General, Sub-disciplinary Concentration [used to be called Specialization], and Oral Exam)
8. Proposal Defense Approval Form
9. Defense Exam Completion and Approval Form
10. Degree Certification Completion Form

Conference Travel Forms

11. AAAS Travel Request Form (adhoc form)
12. College of Arts and Letters Travel Request Form (see CAL-CGS website)
13. Graduate School Travel Request Form (see Graduate School website)
**REPORT OF THE GUIDANCE COMMITTEE – DOCTORAL AND OTHER PROGRAMS**

See the catalog (Academic Programs) regarding composition of guidance committee and deadlines for its formation and for filing this report listing all degree requirements.

<table>
<thead>
<tr>
<th>Name</th>
<th>Student No.</th>
<th>Ph.D</th>
<th>D.M.A.</th>
<th>Ed.D</th>
<th>Ed.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
<td>Dept.</td>
<td>Major</td>
<td></td>
</tr>
<tr>
<td>First Semester in Doctoral Program</td>
<td>Semester</td>
<td>Year</td>
<td>Institution</td>
<td>Year</td>
<td>Major</td>
</tr>
<tr>
<td>Bachelor of</td>
<td>Institution</td>
<td>Year</td>
<td>Major</td>
<td>Master of</td>
<td>Institution</td>
</tr>
<tr>
<td>Tentative Dissertation Subject</td>
<td>Languages or Course Substitutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Will the student's research involve the use of**
- human subjects of human materials? [ ] Yes [ ] No
- warm-blooded animals? [ ] Yes [ ] No
- or hazardous substances? [ ] Yes [ ] No

I understand it is necessary to obtain institutional review and approval prior to initiating any research involving the use of human or animal subjects or hazardous materials.

(***STUDENT'S SIGNATURE***) Mo./Day/Yr.

---

**DOCTORAL PROGRAM**

**PLEASE PRINT OR TYPE AND CLUSTER BY FIELD**

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Course No.</th>
<th>Semester</th>
<th>Title</th>
<th>No. CR</th>
<th>Dept.</th>
<th>Course No.</th>
<th>Semester</th>
<th>Title</th>
<th>No. CR</th>
</tr>
</thead>
</table>

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**Approved**

(Please TYPE guidance committee member's names below signatures)

| 1. Chairperson: | Mo./Day/Yr. |  |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

**Course Credits** *(in addition to at least 24 credits of 990)*

Comprehensive examination areas:

<table>
<thead>
<tr>
<th>The candidate expects to pass the Comprehensive Examination by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester, Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student</th>
<th>Mo./Day/Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Chairperson</td>
<td>Mo./Day/Yr.</td>
</tr>
<tr>
<td>College Dean</td>
<td>Mo./Day/Yr.</td>
</tr>
</tbody>
</table>

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DEPARTMENT OF
COLLEGE OF ARTS & LETTERS
MICHIGAN STATE UNIVERSITY

CHANGE IN GUIDANCE COMMITTEE REPORT FORM

To the Dean of Arts & Letters:

Approval is requested for the following changes in the Guidance Committee Report of:

Name: ___________________________ Student No: __________________

Date requested change submitted: ________________________________

Changes in course requirements, languages, comp areas, dissertation field, other:

Changes in the Guidance Committee:

FROM: ___________________________ (Chair) ___________________________ (Chair)

______________________________

______________________________

______________________________

Guidance Committee Chair

Date

______________________________

Graduate Director

Date

______________________________

Dean of Arts & Letters

Date

Distribution: Dean of Arts & Letters
Student
Department file
Each member of Guidance Committee
Michigan State University
African American and African Studies Program
Internship Contract for Organizations and Interns

The purpose of this document is to establish clear parameters, procedures, and outcomes for your African American and African Studies Internship. This document is a tool to be used by you, your internship organization, and the Director of African American and African Studies to establish the details of your internship. An internship is not credit-bearing within the African American and African Studies program until it is agreed to by all parties and signed by the Director of African American and African Studies.

AL 893 C – International Internship
AL 893 A – Domestic Internship

Responsibilities

Sponsoring organization’s responsibilities:

To ensure that both the intern and the sponsoring organization benefit as much as possible from the internship experience, the sponsoring organization must:

- Provide a mentor/project manager
- Have a process for meeting with the intern on a regular basis to provide advice and feedback
- Assign a project (or set of activities) to the student as part of a formalized work plan
- Provide space and technology (e.g., desk, computer access, supplies)
- Establish criteria for evaluation
- Establish precise days and hours student will work
- Establish a clear beginning and ending date

Student's responsibilities:

As an intern, the student will be expected to:

- Fulfill the responsibilities as written in the agreement and work plan for their internship
- Behave in a professional manner as defined by their sponsoring organization
- Attend all internship class meetings and complete required assignments

Revised Feb 4, 2009
Agreement

Please provide the appropriate contact information for the internship

Student Name:  

Student A-Pid Number:  

Student Address:  

Student Contact Number:  

Name of the sponsoring organization:  

Address and telephone number of sponsoring organization:  

Name, title, and contact information for intern’s supervisor and project manager (if different):  

Dates of internship:  

Course name/number:  

Number of credits:  

Please provide the following information regarding the plan of work for the internship.

A good internship agreement will require dialogue between the student, the organization, and the African American and African Studies program to develop adequate answers to the following prompts.  

(Use separate sheet to answer questions)

Describe the project(s) or work tasks that the intern will be assigned during the internship and anticipated deliverable dates: (Use separate sheet if necessary)

List and describe the products the student will produce during the internship:

List and describe the learning goals for the internship (these can include both student and organization learning goals):
List the criteria that will be used to assess the internship (note: these criteria should cover the quality of the work produced, address the day-to-day performance of the student within the organization, and refer to the learning goals):

Describe how and when work, progress, and performance will be assessed and communicated during the internship (when feedback will be provided and how it will be delivered—e.g., in a meeting, in writing, both):

Describe how performance will be assessed and communicated at the end of the internship.

MSU does not provide Worker’s Compensation Insurance

Signatures

Name of supervisor or project manager (please type or print):

Signature of supervisor or project manager:

Date:

Name of intern (please type or print):

Signature of intern:

Date:

Signature of Director of African American and African Studies:

Date:

Revised Feb 4, 2009
**APPLICATION FOR INDEPENDENT STUDY**

Please type or print your name and other necessary information in the provided fields.

**NAME:** ___________________________ **DATE:** ____________

**FIRST NAME:** ___________ **MIDDLE INITIAL:** ___________ **LAST NAME:** ___________

**PID:** ___________ **LEVEL:** ___________ **CLASS:** ___________ **MAJOR:** ___________ **CUMULATIVE GRADE POINT AVERAGE:** ___________

**COURSE SUBJECT CODE AND NUMBER** ________________  **CREDITS** ___________  **SEMESTER** ___________  **20**

**SECTION NUMBER** ________________

Number of other Independent Study credits to be earned the same semester: ________________

Total of prior Independent Study credits in semester credit equivalents: ________________

1. **DESCRIPTION** (Subject matter, purpose, methods)

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. **RATIONALE** (Why independent study rather than regular course?)

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. **PREPARATION** (Relevant course work, reading, work experience, etc.)

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. **WORK TO BE COMPLETED**

   (a) Type and amount of reading, writing, lab work, etc.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   (b) Estimated contact hours per week with instructor:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   (c) Deadline for submitting work for final evaluation:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   (d) Evaluation procedure

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

**STUDENT'S SIGNATURE** ________________  **PHONE** ________________

**APPROVALS**

Instructor Signature ___________________________ Date ____________

Instructor Name - Printed

**DISTRIBUTION** (By Department Offering Course)

Chairperson, Dept. Offering Course

Student

Instructor

Academic Advisor Signature ___________________________ Date ____________

Chairperson, Department Offering Course

Student's College Advisor

Photocopies should be sent, per College preference, to:

Asst. Dean, Student's College
MICHIGAN STATE UNIVERSITY

GUIDELINES AND APPLICATION
FOR INDEPENDENT STUDY

DEFINITION

At Michigan State University, Independent Study is planned study, highly individualized, not addressable through any other course format, proposed in writing by the student on a standard form, accepted for supervision by a faculty member, and approved by the student's academic advisor and the teaching unit at the beginning of the semester.

GUIDELINES

Independent Study should:

1. Consist of work not described in the University catalog in any other format;

2. Be taken under a course number commensurate with the student's class level, major field, and experience;

3. Relate to a subject for which the student has adequate preparation;

4. Be directed by a faculty member with whom there is a periodic contact and consultation throughout the study;

5. Not exceed eight semester hours of credit in a single semester;

6. Not exceed 10% of the credits earned in a bachelor's program;

7. Be applied for on the form provided by the university, or any equivalent departmental or college form;

8. Be approved on this form before the student enrolls for the course.

APPLICATION AND ENROLLMENT

Please complete the form on the reverse side, obtaining indicated approvals and necessary overrides before enrollment for the course:
RECORD OF COMPREHENSIVE EXAMINATIONS
for
DOCTORAL DEGREE AND EDUCATIONAL
SPECIALIST DEGREE CANDIDATES

☐ Check if this is a re-examination because of expired time limits.

Department of African American and African Studies

Student's Name ____________________________ Student Number __________
Last, First Middle Initial

Term and Year of First Course Counted towards this Degree

**Result of Written Comprehensive Examinations:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Examiner(s)</th>
<th>Examination Date (MM-DD-YY)</th>
<th>Passed or Failed</th>
</tr>
</thead>
</table>

**Result of Oral Comprehensive Examinations:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Examiner(s)</th>
<th>Examination Date (MM-DD-YY)</th>
<th>Passed or Failed</th>
</tr>
</thead>
</table>

**OVERALL PASS or FAIL?** ____________________________

Signed ____________________________ Date
Chairperson of Examination Committee

Signed ____________________________ Date
Chairperson of Department

Signed ____________________________ Date
Dean of College

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RECORD OF PROSPECTUS APPROVAL
PROGRAM IN AFRICAN AMERICAN AND AFRICAN STUDIES
MICHIGAN STATE UNIVERSITY

Candidate's name: 

Student #

Dissertation title: 

Members of Guidance Committee: 
1. 
2. 
3. 
4. 

Is student enrolled? Yes No

Note: Student must be enrolled

Comment: 

Chair of Guidance Committee: ___________________________ Date

Director of American Studies: ___________________________ Date
RECORD OF DISSERTATION AND ORAL EXAMINATION REQUIREMENTS FOR DOCTORAL DEGREE CANDIDATE

Department of: ___________________________________________________________

Student's Name: ___________________________________________ Student Number: ______________

1. Dissertation Title:

2. Dissertation has been: ☐ Accepted ☐ Rejected ☐ Accepted subject to revisions (beyond minor editorial changes) required by the Committee.

3. Oral examination in defense of the dissertation was conducted on: _____________________________________________ Date

☐ Passed

☐ Failed Reason: ________________________________

4. Dissenting opinions and signatures of dissenting examiners, if any:

5. Subject to the satisfactory completion of other requirements, this student is recommended for the degree Doctor of: ☐ Philosophy ☐ Education ☐ Musical Arts

Signature of Guidance Committee Members: Printed names of Guidance Committee Members:

________________________________________

Chairperson of Guidance Committee Date

________________________________________

________________________________________

________________________________________

________________________________________

6. Major revisions required:

7. Revisions, if any, approved: ________________________________

Chairperson of Guidance Committee Date

Approved: Department Chairperson: ________________________________

Associate/Assistant Dean: _______________________________________

MSU IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY INSTITUTION
AFRICAN AMERICAN AND AFRICAN STUDIES
GRADUATION REQUIREMENTS
AAAS PhD Degree Certification Checklist

Name __________________________

Date __________________________

Course Requirements

AAAS Core Curriculum Coursework

- AL829
- AL830
- AL831
- AL832
- AL893a Sponsoring Organization Contract and Assessment
- AL893c/Sponsoring Organization Contract and Assessment
- AAAS core curriculum coursework/at least 15 credits

Specialization Coursework

- Specialization Methods Course/at least 3 credits
- Specialization Coursework per Guidance Committee Report/at least 15 credits

Africana Language Requirement (Check-off One)

- 2nd year university level languages at MSU
- Non-MSU/incoming equivalent
- Test-out waiver

Comprehensive Exams

- Pass General
- Pass Specialized
- Pass Oral

Dissertation

- Approved oral proposal defense
- Dissertation credits/at least 24 credits
- Pass dissertation defense
- Bound copy of dissertation for filing
AAAS Conference Travel Application Form

Conference travel funds will be available for graduate students in AAAS with good standing. This year, the award will be $______ for one domestic conference.

Priority will be given to presenters at national and international conferences. There are supplemental funds available through the college and through international programs. Check their websites for more information.

As you prepare your abstracts and papers, make sure that they are well-written and professional.

You must fill out a travel authorization (available in the AAAS office) before travel. Upon your return, you will need to present all receipts and a copy of the conference program that lists you as a participant.

Submit a paper copy of this form to the AAAS Office (no emails accepted). If you have received a letter of acceptance to present in a conference, please attach a copy to this form below. Conference applications will **not** be accepted without the form below:

____________________________________________________________________________________

Your name:

Conference (including location and dates) you plan to attend in the 2011-2012 academic year:

Title and abstract of paper you will deliver:
TRAVEL FUNDING REQUEST TO THE GRADUATE SCHOOL
Associate Dean for Graduate Student Affairs Office
SHARED FUNDING AND ENDORSEMENT FOR:
Date: ____________________________

(Print) Student Name: ____________________________ Student Number: ____________________________
Address: __________________________________________ City/State/Zip: ____________________________
Phone Number: ____________________________ Email: ____________________________
Department: ____________________________ College: ____________________________
Citizenship: ____________________________ Gender: ____________________________
Ethnicity (optional): ____________________________

*Attach the specific funding request letter from the student.
Unlike graduate assistantships, these fellowships do not provide student health insurance or tuition/fee waivers.

The above student is making satisfactory progress towards his/her degree.

(Print) Major Professor ____________________________
Signature of Major Professor ____________________________

A Signature is required from the major professor, the department chair, and the college even if they have no funds available to support this request. Individual departments and colleges may request additional information from the applicants.

<table>
<thead>
<tr>
<th>FUNDING SOURCE</th>
<th>NAME AND E-mail ADDRESS</th>
<th>SIGNATURE</th>
<th>ACCOUNT#</th>
<th>AMT FROM SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Professor</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Department/Unit Chair</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Dean/Associate Dean</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>International Studies &amp; Programs</td>
<td>209 International Center (If you receive funding from this unit it will be in the form of a Travel Voucher) (For international conferences only)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL: $ 0.00
Funds Requested from the Graduate School: $ __________

Please Check Box(es) That Apply
- AGEP Fellow
- AGEP Scholar
- FAST Fellow
- University Enhancement Fellowship
- University Distinguished Fellow

Disapproved: __________
Amount Approved: $ __________

Notification of award decision will be emailed to Student, Professor, Chair's office and Dean's office, please make sure to include the email address in the space provided. Thank you.

REVISED 3/20/2012