

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 (ad hoc 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.

Name _____ Student No. _____ Ph.D. _____ D.M.A. _____
 _____ Ed.D. _____ Ed.S. _____
 Last First Middle
 First Semester in Doctoral Program _____ Dept. _____ Major _____
 _____ Semester Year
 Bachelor of _____ Institution Year Major Master of _____ Institution Year Major
 Tentative Dissertation Subject _____
 Director _____ Languages or Course Substitutes _____

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.
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DOCTORAL PROGRAM

PLEASE PRINT OR TYPE AND CLUSTER BY FIELD

Dept.	Course No.	Semester	Title	No. CR	Dept.	Course No.	Semester	Title	No. CR

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

Course Credits (in addition to at least 24 credits of 999)
 Comprehensive examination areas: _____

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

The candidate expects to pass the Comprehensive Examination by _____ Semester, _____ Year
 Student _____ Mo./Day/Yr.
 Department Chairperson _____ Mo./Day/Yr.
 College Dean _____ Mo./Day/Yr.
 MSU is an Affirmative Action/Equal Opportunity Institution

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:

TO:

_____ (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

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:

MICHIGAN STATE UNIVERSITY
APPLICATION FOR INDEPENDENT STUDY

PLEASE READ THE GUIDELINES BEFORE COMPLETING THIS FORM.
ALL ITEMS MUST BE COMPLETED BEFORE APPROVAL SIGNATURES ARE OBTAINED.

Please Type or Print

NAME: _____ DATE: _____
Last First Middle Initial
PID: _____ LEVEL: _____ CLASS: _____ MAJOR: _____ CUMULATIVE GRADE -
POINT AVERAGE: _____

COURSE SUBJECT CODE AND NUMBER _____ CREDITS _____ SEMESTER _____ 20 _____
SECTION NUMBER _____

Number of other Independent Study _____ Total of prior Independent Study
credits to be earned the same semester _____ 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 _____ (c) Deadline for submitting work
with instructor: _____ for final evaluation: _____

(d) Evaluation procedure _____

STUDENT'S SIGNATURE _____ PHONE _____

APPROVALS

Instructor Signature / Date

Academic Advisor / Date

Instructor Name - Printed

Chairperson, Department Offering Course / Date

DISTRIBUTION (By Department Offering Course)
Chairperson, Dept. Offering Course
Student
Instructor

Photocopies should be sent, per College preference, to:
Asst. Dean, Student's College
Advisor

PLEASE PRINT YOUR NAME: _____
PID _____
Middle Initial _____
First _____
Last _____

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 or 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:

<u>Field</u>	<u>Examiner(s)</u>	<u>Examination Date (MM-DD-YY)</u>	<u>Passed or Failed</u>
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Result of Oral Comprehensive Examinations:

<u>Field</u>	<u>Examiner(s)</u>	<u>Examination Date (MM-DD-YY)</u>	<u>Passed or Failed</u>
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OVERALL PASS or FAIL? _____

Signed _____ Date _____
Chairperson of Examination Committee

Signed _____ Date _____
Chairperson of Department

Signed _____ Date _____
Dean of College

**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



Copies to: Dean
Department
Guidance Committee
Student

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: _____

The student Passed

Date

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

Signatures 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: _____

**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: _____

479 W Circle Dr
 116 Linton Hall
 Michigan State University
 East Lansing, MI 48824
 Phone: 517-353-3262
 Fax: 517-353-3355

(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.

FUNDING SOURCE	NAME AND E-mail ADDRESS (Print or Type)	SIGNATURE	ACCOUNT#	AMT FROM SOURCE
Major Professor				\$
Department/Unit Chair				\$
College Dean/Associate Dean				\$
International Studies & Programs				\$
209 International Center (If you receive funding from this unit it will be in the form of a Travel Voucher) (For international conferences only)				
Other (specify)				\$
TOTAL:				\$\$ 0.00
FUNDS REQUESTED FROM THE GRADUATE SCHOOL:				\$

Please Check Box(s) That Apply *Graduate School Use Only*

AGEP Fellow
 AGEP Scholar
 EAST 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.