

APPLICATION FORM
Independent Research Course

416-978-2233 | indigenoustudies@utoronto.ca



Centre for Indigenous Studies
UNIVERSITY OF TORONTO

A. Course [STUDENT please check one]

INS496H1

INS497H1

INS495Y1

INS498Y1

B. Student Information [STUDENT to complete]

Last Name

Phone

First Name

Program

Address

College of Affiliation

Credits Completed

INS Courses Completed
 (Course Codes)

U of T Email

Student #

C. Course Work & Academic Supervision [SUPERVISOR to complete]

Supervisor Name

Department

Email

Phone

Instructors must grade and return by the deadline one or more marked assignment(s) worth a combined total of at least 10% of the total course mark for H courses and 20% for Y courses. The deadline for returning such marked work shall be the last regularly scheduled meeting prior to the deadline to cancel courses without academic penalty, with one exception: for courses that run the entire Fall/Winter session (Y1 Y or H1 Y courses), the deadline shall be the last regularly-scheduled meeting of the first week of classes in January. Instructor's grades must be submitted within a week of the last day of classes, so all work needs to be completed by that time. Supervisors are required to submit a breakdown of the grade according to the below evaluation.

Assignment	Due Date	Percentage of Mark

Supervisor Signature

Date

D. Project Proposal [STUDENT to complete]

Please attach a one-page proposal to this form. The proposal should include a description of the nature and purpose of the research you will be conducting with the Indigenous community or organization you are partnering with.

E. Consultations with Supervisor [STUDENT to complete]

I agree to meet with my Academic Supervisor on a regular basis throughout the duration of the course. The dates and times will be negotiated with my supervisor. I understand that it is my responsibility to provide my Academic Supervisor with contact information for the Community Organization with whom I am partnering. I also agree to provide the Community Organization with the contact information for my Academic Supervisor. I understand that all course work must be handed in to the department on the last day of class. Instructor's grades must be submitted within a week of the last day of classes, so all work needs to be completed by that time. To ensure compliance, a penalty of 10% a day will be applied after the last day of classes. Late work will not be accepted after the marks submission date.

Student Signature

Date

F. Ethical Protocol [STUDENT to complete]

Will you be conducting research involving human subjects (eg. interviews)? **YES** **NO**

If you answered YES: you are required to complete an Ethics Protocol Form for their Independent Study. Please obtain the form from the Research and Innovation website.

This form requires the following signatures:

- Faculty Supervisor (Your Academic Supervisor)
- Undergraduate Coordinator (Jennifer Murrin, the Coordinator for Centre for Indigenous Studies)
- Departmental Chair/Dean (The Director of the Centre for Indigenous Studies)

For more information about the Ethics Protocol Review submission guidelines and procedures, please visit the Research and Innovation website.

G. Authorization for Enrollment [STUDENT to complete]

Please Note the Following Enrollment Restrictions and Prerequisites:

- Students are NOT entitled to take more than one full Experiential Studies Course throughout their program
- Students must be enrolled in the Major or Specialist program in Indigenous Studies
- It is recommended that students have completed the majority of INS FCE's prior to enrollment
- Prerequisites: INS201Y, INS390H1, at least 10 FCE's

Student Name Student Number

Course Code Academic Session (Fall/Winter/Summer)

I authorize the program administrator to enroll me in this course, upon approval of my application by the Director of the Centre for Indigenous Studies. I understand that I am unable to drop this course through ACORN and must contact Jennifer Murrin at indigenous.studies@utoronto.ca or (416) 978-2233 to request to be withdrawn from this course.

Student Signature Date

..... For Administrative Purposes Only

Director Authorization

Name

Director Signature Date