

For Visiting Graduate Students

GRADUATE INDEPENDENT RESEARCH FORM

PLEASE PRINT OR TYPE CLEARLY. RETURN COMPLETED FORM TO THE REGISTRAR/OFFICE OF STUDENT EXPERIENCE AT NSCAD

FAMILY NAME:	GIVEN NAMES:
HOME INSTITUTION:	GRADUATE PROGRAM / DEPARTMENT:
STUDENT NUMBER (HOME):	NSCAD STUDENT NUMBER:
TERM IN WHICH THE RESEARCH WILL BE CARRIED OUT:	

SELECT A 3-CREDIT* GRADUATE RESEARCH COURSE IN WHICH YOU WISH TO ENROLL:

**AT THE GRADUATE LEVEL A 3-CREDIT COURSE REPRESENTS AT LEAST 9 HOURS OF WORK, ON AVERAGE, PER WEEK, PER SEMESTER*

- FHIS 6200 INDEPENDENT RESEARCH IN FILM HISTORY (LAS)
- GRAD 6X03/6X06/6X09 STUDIO INTERNSHIP
- MFAR 6003 GRADUATE STUDIO
- AHIS 6700 INDEPENDENT RESEARCH IN ART HISTORY (LAS)
- CULT 6110 INDEPENDENT RESEARCH IN CONTEMPORARY CULTURE (LAS)
- GRAD 6603/6606/6609 RESEARCH INTERNSHIP

TITLE OF YOUR RESEARCH PROJECT: _____

NSCAD WORKSHOP (IF ANY) LINKED WITH RESEARCH PROJECT: _____

MATERIALS FEE (IF ANY) ATTACHED TO THE WORKSHOP COURSE _____

PLEASE ATTACH THE FOLLOWING:

1. **STUDENT: SHORT DESCRIPTION (150-300 WORDS) OF THE COURSE OF RESEARCH (PLEASE INDICATE THE ROLE OF ANY SUPPORTING WORKSHOPS AT NSCAD THAT YOU REQUIRE AS PART OF YOUR RESEARCH.)**
2. **STUDENT AND RESEARCH SUPERVISOR: SET OF MILESTONES TO BE ACHIEVED, WITH DUE DATES AND % OF FINAL GRADE**
3. **RESEARCH SUPERVISOR: CRITERIA FOR THE EVALUATION OF THE OUTCOME OF THE INDEPENDENT RESEARCH**

STUDENT'S SIGNATURE:	DATE:

APPROVALS:		
NAME—RESEARCH SUPERVISOR	SIGNATURE	DATE
NAME—GRADUATE DIRECTOR (MFA/MDES)	SIGNATURE	DATE

Note to Research Supervisor: The final grade for the research project is due **by the end of the term** in which the Independent Research is registered. **If an extension is required, a grade of INC should be submitted.**

Note to Student: Submit final work to your Research Supervisor at least a week before the deadline, to allow them sufficient time to evaluate it.