

**GWS 399
Internship in GWS
Contract**

Name _____ **Student ID#** _____

E-mail address: _____

Semester/Year of Research Study _____

Research/Study Description:

Grading Criteria:

Student Signature

Date

Affiliated/Core Faculty

Date

Contract must be on file before enrolling in GWS 399. Return the form to Michelle in room 110 so she can give you an override to register for the course.