



McGill

GRADUATE INDEPENDENT READING AND RESEARCH

POLI 690

TERM: _____

INSTRUCTIONS

Please complete this form in consultation with the Professor who has agreed to be your supervisor. Then have it signed by the Director of Graduate Studies. Bring the signed copy to the Administrative Officer of the Department who will remove the restriction on MINERVA to permit you to register for the course.

STUDENT NAME: _____

NUMBER: _____

I. PROJECT DESCRIPTION

1. TITLE:

2. SUMMARY OF PROJECT:

Please attach another page with the preliminary bibliography.

II. OUTLINE OF REQUIREMENTS (e.g. frequency of meetings, preparatory assignments, readings, length of final paper, etc.):

SUPERVISOR'S SIGNATURE

DIRECTOR OF GRADUATE STUDIES' SIGNATURE

DATE

DATE