

PARTICIPATION AGREEMENT

International Development Studies Experiential Learning and Independent Study Courses

Student name _____ ID# _____

Student UofG e-mail _____@uoguelph.ca

Supervisor _____ Dept. _____

Supervisor UofG e-mail _____@uoguelph.ca

Please check:

___ IDEV*3200 (0.50 cr) ___ IDEV*4200 (0.50 cr)

Semester in which the student is registered in the course: Fall 20___ Winter 20___ Summer 20___

Description of Work/Study Project:

(Please be specific about the academic content of the project. Use a separate sheet of paper if necessary. Specify if project involves international travel and if so, please give indication of timeline.)

Method of evaluation:

(Please be specific. Include assignments, dates, and grade weighting.)

I have read and understood the '[Description, guidelines and procedures](#)' for the Individual work/study courses in International Development as outlined. If international travel is part of the work/study course, I (the student) agree to complete DepartSmart through the Centre for International Programs prior to leaving.

Student's signature _____ Date _____

Supervisor's signature _____ Date _____

**Please submit a completed, signed copy of this form to the [IDS Academic Advisor](#) for approval.
Both the supervisor and student should retain a copy for their records.**