

Participation Agreement

Student			
Name:		Student No.:	
email:		Telephone:	

On-Site Supervisor			
Name:		Organisation:	
email:		Telephone:	

Academic Supervisor			
Name:		Student No.:	
email:		Telephone:	

Term	
Term project is undertaken:	
Term student is registered in POG 499:	

Method of Evaluation
Please be specific: include descriptions of assignments, due dates and grade weighting.

Description of Field Experience:

Please be specific about the scope, nature, duration, and academic content of the project. Use a separate sheet of paper if necessary. If the project involves international travel, please provide destination, travel plans, and time lines.

Consent:

I have read and understood the "Procedures and Guideline" for POG499: Field Experience. If international travel is part of the field experience, I agree to participate in the pre-departure orientation sessions organised by the Office of International Affairs and to comply with all relevant University policies and regulations.

Student's signature		Date:	
Academic Supervisor's signature		Date:	

4 copies of this agreement are required:
 1) student; 2) Academic Supervisor; 3) Experiential Learning Officer (Faculty of Arts); 4) Dept. office

Questions? Contact the Dept at 416-979-5000 x7477 or mariam.hashemi@politics.ryerson.ca