MENTORED ADVANCED PROJECT (MAP-499)

Academic Year Application: Questions? Visit http://www.grinnell.edu/academics/arc/academic-affairs/map

For deadlines see Student Dates to Remember on the Registrar’s Office website:
http://www.grinnell.edu/about/offices-services/registrar/calendars

Please TYPE OR PRINT legibly

Name _________________________________ Student ID: _____________________ Class Yr. ____________

Major _______________________________ Adviser: __________________________________________

Dept. of Registration _________________ Faculty Director: _________________________________

E-mail Address __________________________ PO Box _________ Is this a group project? ___ Yes ___ No
(check one)

Full Project Title: ________________________________________________________________

Transcript Title (24 characters maximum including spaces):

________________________________________________________________________________

I. Semester in which the MAP will occur:

   NOTE: A two-credit MAP is not allowed unless it is a follow-up to a four-credit project.

   Fall _______ Credits: 2 __ or 4 __  Spring _______ Credits: 2 __ or 4 __
   (year) (year)

II. Is this a continuation of a current/previous project?  Yes  No

III. Project Check List (complete ALL items):

   1) In consultation with your faculty director determine the details of the project. Attach a formal proposal
      which includes the following information (please use the lettered section headers below in your statement):

      A) Topic and Project Description:
         a. a thorough description of the topic and project, written in the scholarly format appropriate to the
            field.
      B) Relationship of this project to your previous studies:
         a. what makes this an advanced, integrative study.
         b. how does this project build on your previous course work, and what skills, areas of knowledge,
            and methods of inquiry will contribute to the project.
      C) Sources, e.g. a bibliography.
      D) List of graded work and deadlines.
      E) Budget for any needed materials and/or travel.

   2) Provide a specific schedule of meetings with your faculty director below:

      Meeting days: (circle all that apply)  Mon.  Tues.  Wed.  Thurs.  Fri.

      Meeting Time(s): __________________________

   NOTE: Students are typically expected to meet with their faculty director at least one time per week during the
   academic year. Exceptions should be addressed in a separate note attached to this application or your
   application approval will be delayed.
3) Identify the major product of your project (i.e. research paper, performance, portfolio, prize submission, etc.), the proposed venue for its potential off-campus dissemination/evaluation, and the deadline for external submission.

Product & venue: ____________________________________________________________________________
________________________________________________________________________________________
Deadline ___________________

REQUIRED SIGNATURES

STUDENT: You should refer to the current College Catalog for the general regulations for undertaking a MAP. Specific questions should be directed to the Associate Dean’s Office or you may visit http://www.grinnell.edu/offices/dean/MAP/

I have carefully provided all of the information necessary to complete this application and am familiar with the restrictions and guidelines that apply to a MAP. I fully understand that my proposal will not be approved unless all aspects of my project are clearly stated.

Signature ____________________________________________ Date: __________________

ADVISER APPROVAL:
Please read the application submitted by the student. Approve her/his registration for this MAP by signing in the space provided. Your signature confirms that the proposed project conforms to the MAP regulations and to departmental policies. This MAP does not substitute for a regularly offered course.

Signature ____________________________________________ Date __________________

DIRECTOR APPROVAL (Directors must complete a MAP report for each component):
I have carefully reviewed this MAP application. I confirm that quality of the project description indicates a high likelihood that the final product will be adequate for off-campus dissemination, and that this project conforms to Grinnell’s MAP regulations and to departmental policies.

Signature ____________________________________________ Date __________________

CHAIR OF THE DEPARTMENT OF REGISTRATION:
I have carefully reviewed this MAP application and confirm that the proposed project conforms to Grinnell’s MAP regulations and to departmental policies. My signature below notes my approval.

Signature ____________________________________________ Date __________________

FOR OFFICE USE ONLY:
ASSOCIATE DEAN APPROVAL __________________________________________ DATE: ______________
Course ID _____-_____ . ____ SECT ____________ RGN ____________

13/14