APPLICATION FOR SUMMER MENTORED ADVANCED PROJECT (MAP-499)

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

Faculty directors of summer MAPs may choose to postpone submission of Part B until the June deadline date. Both faculty and students should understand that the application is not complete (and thus will not be considered for approval) until the completion and submission of both Part A and B.

Please TYPE OR PRINT legibly

Name __________________________________________ Student ID __________________________ Class Yr.____
Major ______________________________________ Adviser Name ______________________________________
Dept. of Registration __________________________ Faculty Director Name __________________________
E-mail Address ________________________________ Box _________ Is this a group MAP? ___ Yes ___ No

Full Project Title: ________________________________________________________________________________

Transcript Title (24 characters maximum including spaces):
__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

PART A

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

II. Expectations for the Summer MAP

1) Attach a separate, typed explanation of the 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.

2) Summer MAPs differ from those pursued during the academic year. The summer MAP is expected to be a full-time on-campus endeavor. This allows MAP students the opportunity to learn more about the activities associated with the scholarly field of the MAP, while promoting the scholarship of the MAP director.

   Please identify the sorts of apprenticeship-like activities that may be associated with this MAP:

   _____________________________________________________________________________________________

3) 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 should meet with their mentors at least twice a week for summer projects. Exceptions should be addressed in a separate note attached to this application or your application approval will be delayed.

4) 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 ____________________
PART B
Students submitting Part B at the later date will be given a separate cover sheet when turning in Part A. Any changes made to the schedule of meetings or to the plans for the final product (in Part A) should be explained briefly at the end of the project statement.

III. Project Check List (complete ALL items):

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.

See http://www.grinnell.edu/academics/arc/academic-affairs/map for more detailed guidelines.

REQUIRED SIGNATURES

All signatures required for Part A. Student and faculty mentor’s signatures are required for the separate submission of Part B.

TO THE STUDENT:

NOTE: Students should refer to the current College Catalog to familiarize themselves with the general regulations for undertaking a MAP. Specific questions should be directed to the Associate Dean’s Office or visit http://www.grinnell.edu/academics/arc/academic-affairs/map

Student Signature ___________________________________________ Date ________________

STUDENT’S ACADEMIC ADVISER:

Please read the project proposal submitted by the student. Approve her/his registration for these credits by signing in the space provided. (Your signature confirms that the proposed project conforms to the MAP regulations and to departmental policies.)

Adviser’s Signature ___________________________________________ Date ________________

FACULTY MENTOR’S APPROVAL:

NOTE: Mentors must complete a MAP report for each component and summer MAP mentors must have applied to the CSFS for summer student research funding (necessary for the student to receive a summer stipend).

I have carefully reviewed this MAP application. I confirm that the 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. I understand that not more than half of the MAP student’s time should be spent on apprenticeship-like activities that do not contribute directly to the final MAP product.

Faculty Mentor’s Signature ___________________________________________ Date ________________

If you are allowing the student to postpone the submission of Part B (summer MAP applications only), please initial here.

_____ 

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.

Chair’s Signature ___________________________________________ Date ________________

FOR OFFICE USE ONLY:

ASSOCIATE DEAN APPROVAL __________________ DATE: ______________

Course ID ______-_______.____ SECT ______________ RGN ______________

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