Program in International Relations
Stanford University

INTNLREL 197
DIRECTED READING PROPOSAL

_________________________________________  _________________________________________
Name                                                                                                                                              Phone

_________________________________________  _________________________________________
ID Number                                                                                                                                           Email

Students may count up to five units of INTNREL 197 directed reading towards fulfillment of the IR Major. The supervising faculty member and the IR Program Director must approve registration for the work. Once approved, please obtain the course section number from the IR Program Office.

Proposed Directed Reading Project:

Project Title: ________________________________________________________________________________________________________________________________________________________________

Faculty Supervisor: __________________________ Department: ______________________________

Specialization Area: ______________ Quarter/Year: _________ Units: ______________________

Project Description and Method of Evaluation (include any supporting documents, such as a draft, timeline, etc...):

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

How often per week will you meet with your faculty advisor? ________________________________________________________________

_________________________________________  _________________________________________
Faculty Supervisor Signature: __________________________ Date: _________________

_________________________________________  _________________________________________
Student Signature: __________________________ Quarter/Year: ___________ Date: ______________

_________________________________________  _________________________________________
Approval (office use only):

Section Number  Director Signature  Date

_________________________________________  _________________________________________
Director Signature: __________________________ Date: _________________