Projects / Advanced Projects in Communication Registration Form

Student's Name______________________________ Email_____________________________

Professor's Name (Please Print)____________________________ Email____________________

If your project is connected to an existing class, list that class here:________________________

Semester for Project: _________________ Credit Requested (.5 or 1.0): _______ Level (292/491) _______

In the space provided below, please explain the general purpose behind your project for the semester:

For projects requesting 1.0 course credit, please explain the following or provide a syllabus for the course:
I. Student Learning Goals: (what is your goal with this project?)

II. Action: (list types of activities and target deadlines such as readings, reports/papers, projects)

III. Professor Expectations: (include such items as: grading criteria, frequency of contact, quality and quantity of assistance)

Student Signature: ________________________________ Date: __________________
Faculty Signature: ________________________________ Date: __________________

Department Chair Initials: __________

(Department Use Only) Projects / Advanced Projects in Communication Course Letter: COMM 292 ___ COMM 491 ___

C&T Project/Advanced Project Registration Form