



DEPAUW
UNIVERSITY

***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 ___