

CRJU 7990 Area Paper Contract

Semester/Year: ____ / ____ Student Name: _____

Student ID # _____ Email: _____ Phone: (____) ____ - ____

Reading List: Date Provided _____
Date of Completion _____

First Attempt Date: _____
Final Faculty Reading Period (dates): _____ - _____
Area Paper Grade: S U
Comments:

Second Attempt Date (if applicable): _____
Final Faculty Reading Period (dates): _____ - _____
Area Paper Grade: S U
Comments:

Signatures:

Area Paper Committee Member: _____
Signature & Date

Area Paper Committee Member: _____
Signature & Date

Area Paper Supervisor: _____
Signature & Date

Student: _____
Signature & Date

MSCJ Coordinator: _____
Signature & Date