

CRJU 7990 Area Paper Contract

Semester/Year: ____/____ Student Name: ____

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

Subject of Area Paper: ____

Area Paper Supervisor: ____

*Schedule of Meetings with Area Paper Supervisor:

Date/Time : ____ Date/Time : ____

Date/Time : ____ Date/Time : ____

Date/Time : ____ Date/Time : ____

Date/Time : ____ Date/Time : ____

*Supervisor please note (above) whether or not meetings were held as scheduled.

Agreed Upon Deadlines:

First Complete Draft by (date): ____

Faculty Reading Period (dates): ____ - ____

Revise & Resubmit by: (date): ____ - ____

Final Faculty Reading Period (dates): ____ - ____

Grade (Satisfactory, Unsatisfactory, or Incomplete) by: (date): ____

Signatures:

Faculty Reader: _____
Signature & Date

Faculty Reader: _____
Signature & Date

Paper Supervisor: _____
Signature & Date

Student: _____
Signature & Date

MSCJ Coordinator: _____
Signature & Date