

CRJU 7990 Area Paper Contract

Semester/Year: ____ / ____ Student Name: _____

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

Reading List: Date Provided _____

Preparation Seminar: Date _____

First Attempt Date: _____

Area Paper Grade: S U

Comments:

Second Attempt Date (if applicable): _____

Area Paper Grade: S U

Comments:

Signatures:

Area Paper Committee Member: _____
Signature & Date

Area Paper Committee Member: _____
Signature & Date

Area Paper Committee Member: _____
Signature & Date

Student: _____
Signature & Date

MSCJ Coordinator: _____
Signature & Date