

Student ID # _____

APPROVAL FORM FOR THE WRITING INTENSIVE OPTION

_____ has permission to enroll in
Last Name, First

_____ for the _____ semester for
Dept No. Course Title (fall/winter/spring/May/summer OL)

writing intensive credit. In addition to the regular assignments for the course, the student will be evaluated on his or her completion of the criteria for a writing intensive course.

Instructor's Signature

Advisor's Signature

Student's Signature

Date submitted to Registrar's Office

If this course was not listed as writing intensive option in the schedule of classes, you must Obtain approval from the coordinator of the writing intensive program.

W.I. Coordinator Signature