



DEPAUW UNIVER
REGISTRAR'S OFFI

Student _____

Instructor _____

Title of Course _____

On Campus

Off Campus

I. Why must the course be tak

II.

III. Activities and Assignments

IV. Expectations (e.g. grading criteria, frequency of contact, quality and quantity of output)

Student Signature_____ Date_____

Faculty Signature_____ Date_____

Department Chair Signature_____ Date_____