Upper Level Writing Requirement (ULWR) Declaration Form

Student Name: (please print) ___________________________________________ PID: ___________________________

INSTRUCTIONS: Students are responsible for fulfilling all the requirements to receive ULWR credit. To receive credit for
satisfying the Upper Level Writing Requirement in any semester, this form must be completed and returned to the Registrar’s
Office by the end of the fourth week of the semester in the Fall or Spring semester, or the end of the second week in the
Summer semester. Students must complete 29 or more credit hours before enrolling in the ULWR.

STUDENT ACKNOWLEDGMENT

I acknowledge the following (initial below):

_____ I have completed 29 or more credits, as noted in the attached transcript.

_____ The paper(s) will be completed in compliance with the Upper Level Writing Requirement as
found in the Student Handbook.

_____ I have included a copy of my unofficial Transcript from STU-INFO, located under “Academics” –
select ‘All Terms’ from the drop down box.

Student Name: (please print) ___________________________________________ Date: ___________________________

Student’s Signature: ___________________________________________________________

SUPERVISING PROFESSOR ACKNOWLEDGMENT

Student Name: (please print) ___________________________________________

I agree to supervise the above-named student for a paper that satisfies the Upper Level Writing Requirement during the (circle
one) Fall / Spring / Summer 20_____ semester.

Supervising Professor:(please print) ___________________________________________

Professor’s Signature: _________________________________________________________ Date: ___________________________

Course Number: __________________________ (Leave blank if the course is a directed study.)

Course Name (including Directed Study): __________________________________________

(Note: If the course is a Directed Study you must submit a Directed Study Form with the ULWR Declaration Form.)

ADVISOR ACKNOWLEDGMENT (Required for Journals or King Scholars)

Advisor Name:(please print) ___________________________________________

Advisor’s Signature: _________________________________________________________ Date: ___________________________

Please submit this completed form and the copy of your transcript to the Registrar’s Office, Room 309.

CC: Original to Registrar’s Office
Supervising Professor
Advisor
Student Copy

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Revised 10-09-14