DIRECTED PROBLEMS IN COMMUNICATION

(15-COMM-8061)
STUDENT CONTRACT

| NAME | ID# <u>M</u> | | |
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| COURSE # | <u>Sem</u> ester | YEAR | |
| FACULTY SUPERVISOR | | | |
| PROJECT DESCRIPTION AND JUSTIFICATION (ONE paragraph): | | | |
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| EXPECTED PROJECT OUTCOMES: | | | |
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| STUDENT | DATE | | |
| SUPERVISOR | DATE | | |

TURN IN ONE COPY OF THIS FORM TO FACULTY MEMBER IN CHARGE OF COURSE (SEE LEARNING OPPORTUNITIES), AND ONE COPY TO THE GRADUATE DIRECTOR.