



# WIN Contract for Non-Writing Intensive Courses

## Office of the University Registrar

*(Please Print)*

Banner ID	Last Name	First Name	MI	Date of Birth
Phone Number		Email		Classification
College	Degree	Major	Concentration	Minor

**Note:**

- This form must be submitted and approved by the census day of the term for which the course takes place.
- Student must be enrolled in their last semester.

**Course Information**

Professor: \_\_\_\_\_

CRN #, Course Prefix, Number, and Section: \_\_\_\_\_

Course Title: \_\_\_\_\_

**Justification for WIN-Contract** *Student's explanation for why a WIN-Contract is necessary.:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

Student's Signature Date Academic Advisor Signature Date

**Required documentation - WIN syllabus for approved course.**

\*ALL required approval signatures MUST be obtained before request can be processed.

<p>X _____</p> <p>Course Instructor Date</p>	<p>X _____</p> <p>Department Chair (of requested course) Date</p>
<p>X _____</p> <p>Department Chair (of student's major) Date</p>	<p>X _____</p> <p>College Dean (of student's degree) Date</p>

FOR REGISTRAR'S OFFICE USE ONLY

Received by _____	Processed by _____
Date	Date