

UPPER LEVEL WRITING REQUIREMENT

CERTIFICATION OF COMPLIANCE
(JD STUDENTS ONLY)

THE FOLLOWING INFORMATION SHOULD BE PROVIDED BY THE STUDENT		
Name:		AUID#:
AU Email:		Date:
Type of Work Product:	Requirement Completed:	Name of Course/Journal:
Independent Study	Spring Summer Fall Year:	Name of Faculty Sponsor:
Course Assignment	Anticipated Graduation:	
Journal Comment	Spring Summer Fall Year:	