REQUEST FOR WRITING CODE (W) FOR RESEARCH INDEPENDENT STUDY COURSE

To be submitted to TRINITY COLLEGE - Fax 684-8494, 011 Allen Building **Submission Deadline: End of the Drop/Add period in the semester of enrollment

Subject			Course #	Course Sec	s. Semo	ester/Year		
Student:					Student ID	:		
	Print or type	e full name / email	address					
Instructor	of Record:	Tun name / cman	Student's Major(s):					
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		Print or type full name						
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	rograms/Writ		ines/Guidelines at	http://uwp.aas.duke	.edu/wid/guide	<u>lines.html</u> fo	or a fuller	
REQUIR	ED SIGNA	TURES:						
INSTRUC	CTOR of RE	ECORD			DATE			
RESEAR	CH ADVIS	OR (if different	from above)					
STUDENT				DATE				
DIRECTO	OR OF UND	DERGRADUAT	E STUDIES					
DATE								
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