

Application for Writing Across the Curriculum Workshop

Name and title: _____

Dept: _____

College: _____

Email: _____

Campus Mail Address (not email): _____

Department Chair (or Dean if you chair a department): _____

Do you teach a designated writing credit (W) course? ____yes ____no

Do you plan to request writing credit for one of your courses? ____yes ____no

Have you attended a previous WAC Seminar? ____yes ____no

Briefly state your reasons for applying for this workshop:

Signed: _____

Please return to: William L. Young

AHE 207