

Declaration of Course for Completion of Fulbright College Writing Requirement

For students under 1988-89 and later catalogs.

Student Name: _____

ID#: _____

Major: _____

2nd Major (if any): _____

Course Name and Number Used for Writing Requirement: _____

Date Completed: _____

Department Verification
of Completion Signature: _____

Date Signed

Name: _____

(Please *print* here)

PLEASE EMAIL COMPLETED FORMS TO THE OFFICE OF
ACADEMIC SERVICES TO INCORPORATE INTO STUDENT FILES

arsccert@uark.edu