Editorship Application
Submission deadline is the end of the Drop/Add period

Name: ____________________________ ID #: __________

Major(s) or Program: ____________________________ GPA: _______

Credit for this Editorship: ____ Semester: ______

Total credits carried for the semester excluding this project: __________

Total credits already earned in Directed Studies: __________

Total credits already earned in Editorships (including ASM): ______

Procedures:
1. You must apply through the AUP Student Media Publications Board and be selected as the principal Editor (or one of two joint editors) of a recognized AUP publication.
2. The Faculty Advisor named by the AUP Student Media Publications Board will serve as your Mentor. Once you have clearly defined with him/her the educational objectives to be pursued and the specific tasks to be performed in this Editorship, describe them below.
3. Meet on a regular basis with the Mentor to assess your progress in achieving the objectives of the editorship; a final meeting at the end of the semester is designed to review the skills learned and the experience gained.
4. The Editorship may be taken only on a Credit/No Credit basis: if the Mentor judges the objectives have been met, then two credit hours are awarded per semester.

Publication: ____________________________

Title: ____________________________

Course Code: CM3850 (2-CR)

Editorship Description
Please describe here the educational objectives and specific tasks to be performed: e.g., managing staff and writers, managing a budget, soliciting materials, editing copy; the number of issues to be published during the semester; etc.

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Student’s signature: ____________________________ Date: ___________
Faculty Mentor
- Please list the methods of evaluation you will employ (tests, papers, critiques, etc.), and any other comments.
- Also, please verify that this student’s cumulative GPA is a minimum of 3.0. If not, please justify the acceptance of this project.

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Faculty Mentor’s Name: ___________________________ Signature: ___________________________

Student Affairs Advisor’s Approval
Approved ☐ Not Approved ☐
Advisor’s Name: ___________________________ Signature: ___________________________
Comment(s): ___________________________

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Department Chair Approval
Approved ☐ Not Approved ☐
Department Chair Name: ___________________________ Signature: ___________________________
Comment(s): ___________________________

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Please bring your completed application to the Registrar’s Office for the final approval from Academic Affairs

Academic Affairs Approval
Approved ☐ Not Approved ☐
Academic Affairs Name: ___________________________ Signature: ___________________________
Comment(s): ___________________________

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