

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 *Directed Studies*: _____

A maximum of 8 CR for Directed Studies can be applied towards graduation

Total credits already earned in *Editorships (including ASM)*: _____

A maximum of 8 CR for ASM Production and Editorships can be applied towards graduation

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.

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.

Faculty Mentor's Name: _____ **Signature:** _____

Student Affairs Advisor's Approval

Approved Not Approved

Advisor's Name: _____ **Signature:** _____

Comment(s): _____

Department Chair Approval

Approved Not Approved

Department Chair Name: _____ **Signature:** _____

Comment(s): _____

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): _____
