Duquesne University
School of Law

Upper Level Writing Requirement/Independent Research Intent Form*

Please select one:

☐ Independent Research + Upper Level Writing Requirement

☐ Upper Level Writing Requirement **only**

☐ Independent Research **only** (paper will **not** be use to fulfill Upper Level Writing Requirement)

This document certifies that I _____ **intend** to fulfill the
NAME (Print)

above checked category with _____ during the
PROFESSOR NAME

☐ Fall Semester _____. ☐ Spring Semester _____.
YEAR YEAR

My Independent Research/Upper Level Writing Requirement topic will be:

_____

My seminar/elective **Course Name** is:

_____

Please circle current student status: 2D 3D 2E 3E 4E 2P 3P 4P

_____
Student Signature Date

_____
Student E-Mail Address

_____
Faculty Signature Date

*This form must be submitted to the Registrar's Office within 30 days from the beginning of classes in the course.

Rev. 11/17/08