

Syllabus/Policy Acknowledgment and Permission Statement

PLEASE READ, SIGN, AND RETURN THESE STATEMENTS BY ___/___/___

I affirm that I have read the entire syllabus and policy sheet for the course, _____, and I understand the information and the responsibilities specified.

print name

signature

date

DIRECTIONS: Read carefully and place your initials next to all that apply. **Please note that if you allow your instructor to use your work, s/he will help you cite the selection of your work on your resume.**

___ I give my instructor, _____, permission to use copies of the work I do for this course, as examples in this and other courses, as examples in presentations, and in print and electronic publications.

___ I do NOT give my instructor, _____, permission to use copies of the work I do for this course, as examples in this and other courses, as examples in presentations, and in print and electronic publications.

Please indicate whether you want to be acknowledged if your work is used:

___ Please use my name in association with my work.

___ Please use my work, but do NOT use my name.

If your instructor decides to use your work, she may wish to contact you. She will *only* use this information for the above-stated purpose. Thank you for providing your contact information below.

Permanent email address: _____

Print name: _____

Signature: _____ Today's Date: _____