Information Form: Fall 2009

Name (Last, First MI)____________________________________________________________

Classification (FR, SO) ________________________________________________________

Hometown_____________________________________________________________________

E-mail address (the one you check) __________________________________________________

Phone ____________________________________

Major/ Minor __________________________________________________

Favorite Movie __________________________________________________

Countries visited _________________________________________________________

Syllabus Contract & Grade Release Agreement

I have read the syllabus for this course (HIST 215) and I have understood and agree to abide by the policies of this course.

________________________  __________________
Signature                  Date

Grade Release Agreement
I give Dr. Harris permission to post my grade for this course on the course web-site using a password system.

________________________  __________________
Signature                  Date

________________________
Print Name

If you would like to use an alternative password, please provide it in the blank. __________________________