

GWAR Probation Contract

Graduation Writing Assessment Requirement

California State University Dominguez Hills-School of Nursing

▫ 1000 E. Victoria Street, Welch Hall 320 ▫ Carson, CA 90747

▫ Tel: (310) 243-3596 ▫ Fax: (310) 516-3542

(Please print clearly)

Student ID#: _____ (No SS#)

Last Name: _____ First Name: _____

CSUDH Email: _____@toromail.csudh.edu

Phone Number: (____) _____ - _____ Alternate Number: (____) _____ - _____

Please check how you will address this requirement (GWE exam or English course) and when (be specific).

<input type="checkbox"/> GWE Exam	<input type="checkbox"/> English course
<input type="checkbox"/> On- Campus Date: _____	<input type="checkbox"/> ENG 350
<input type="checkbox"/> With a Proctor	<input type="checkbox"/> IDS 397 & 398
Semester (circle one): FA SP SU Year: _____	

Statements of Understanding: (please initial)

- ✧ I will comply with this schedule and complete all GWAR requirements. _____
- ✧ I will enroll each semester in required courses (or exams) until I meet the GWAR. _____
- ✧ I understand that the GWAR requirement takes priority in my class schedule. _____
- ✧ Noncompliance with these conditions will prohibit future registration. _____

Signature: _____ Date: _____

NOTE: THIS IS NOT THE REGISTRATION TO TAKE THE TEST. YOU ARE RESPONSIBLE FOR REGISTERING FOR THE EXAM ON THE SEMESTER YOU STATED.

I understand that if I fail to register for the GWE in the semester that I have stated a hold will be put in my records and will not be removed until I have complied with the GWE requirement in full. This means that by not complying with this I will not get my hold removed until there is proof that I have completed the GWE.