

Special Project Contract

Print Name: _____

Student ID: _____ Class year: _____

INFORMATION AND INSTRUCTIONS

- This form should be completed at the time of course registration but no later than the end of the add period for the term. This serves as your registration form, so you **do not** need an Add/Drop Card.
- Students may register up to two Special Projects each semester.

REGISTRATION INFORMATION (complete all fields)

Department: _____ Course Number: _____ Units: _____ Term and Year: _____

Title of Special Project: _____

Course Description:

Fulfills requirement: *(select one if applicable)* Experience Requirement* Capstone

*Special Project may be .25 - 1 unit, but 1 unit of E credit is needed to meet the Experience Requirement.

Course Requirements: *(readings, papers, oral reports, discussions, meetings, etc.)* **BE SPECIFIC**

Grading Scale: Letter Grade Credit/No Credit

Deadlines and Basis for Evaluation: *(papers, discussions, exams, etc.)*

Student Signature

Date

Faculty Sponsor Name

Signature

Date

Academic Advisor Name

Signature

Date

Department Chair Name (must match dept at top of form)

Signature

Date

Obtain all signatures and then return this form to the Registrar's Office for approval.

REGISTRAR'S OFFICE USE ONLY

Processed By and Date: _____ Section Number: _____ Previous Special Project/Internship Units Completed: _____