

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.
- All signatures indicated at the bottom of this form are required for approval.
- **One** copy of this form should be turned in to the Registrar's office; after the Registrar has processed the form, a PDF copy will be returned to the student and the faculty sponsor.

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

REGISTRAR'S OFFICE USE ONLY

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