

MAY PROJECT PRELIMINARY PROPOSAL
INFORMATION PAGE

Please type or write legibly in ink.

NAME _____ DATE: _____

FACULTY ADVISOR _____

TYPE OF WORK YOU WILL DO ON YOUR PROJECT:

IF THIS IS AN INDEPENDENT PROJECT, CHECK HERE AND DO NOT COMPLETE THE NEXT THREE ITEMS.

SPONSORING AGENCY _____

AGENCY ADDRESS: Street _____

City _____ State _____ Zip _____

AGENCY PHONE NUMBER(_____) _____

PROJECT SPONSOR (name of the person at the sponsoring agency):

Your signature below indicates that you have received **and read** the May Project Handbook.

(student's signature)

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To the faculty advisor:

Please signify your agreement by checking each statement:

_____ I have received and read the May Project Handbook and agree to fulfill the obligations of advisor to this project.

_____ I consider my student's plan appropriate, feasible, and a productive use of time.

_____ I have read my student's proposal and believe that he/she has carefully thought it through and seriously intends to carry it out.

_____ I have spoken with the student's sponsor and believe the sponsor and the student are in agreement on goals and plans {OR} I agree to take on the obligations of an advisor for this independent project.

(advisor's signature)

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To the parent:

Please signify your agreement by signing below.

I have read "Parents' Responsibilities" in the May Project handbook and have discussed this proposal and project with my child and believe that the proposal is well written, and I support the project.

(parent's signature)