

Loyola University New Orleans Environment Program Capstone Experience Agreement Sheet

STUDENT NAME:

STUDENT PERM. ADDRESS:

STUDENT CELL PHONE:

STUDENT EMAIL:

PERSONAL EMAIL:

DIRECTOR NAME AND TITLE:

DIRECTOR ORGANIZATION:

ORGANIZATION ADDRESS:

DIRECTOR PHONE:

DIRECTOR EMAIL:

BEGINNING DATE:

EXPECTED END DATE:

TITLE & BRIEF DESCRIPTION OF SENIOR EXPERIENCE:

STUDENT: I AGREE TO COMPLETE THE SENIOR EXPERIENCE AS OUTLINED IN THE DESCRIPTION ABOVE AND ON REVERSE IF NEEDED. I UNDERSTAND I MUST COMPLETE IN A TIMELY MANNER AT LEAST 120 HOURS OF SUPERVISED WORK AND A FORMAL WRITE UP OF MY EFFORT.

STUDENT SIGNATURE

PRINTED NAME AND DATE

DIRECTOR: I AGREE TO DIRECT THE WORK OF THIS STUDENT AS OUTLINED ABOVE, PROVIDE ONGOING FEEDBACK, AND COMPLETE A FINAL EVALUATION OF THE STUDENT THAT INCLUDES A REVIEW OF HIS OR HER WRITTEN REPORT ON THE SENIOR EXPERIENCE.

DIRECTOR SIGNATURE

PRINTED NAME AND DATE

SPONSOR (IF NEEDED): I AGREE TO ACT AS THE LIAISON BETWEEN THE DIRECTOR AND LOYOLA UNIVERSITY NEW ORLEANS TO OVERSEE THE COMPLETION OF THE FORMAL REQUIREMENTS OF THE SENIOR EXPERIENCE. IT IS ULTIMATELY THE STUDENT'S RESPONSIBILITY TO SEE A TIMELY COMPLETION.

SPONSOR SIGNATURE

PRINTED NAME AND DATE