# SENIOR EXPERIENCE

# FACULTY ADVISOR/ADMINISTRATION AGREEMENT

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Faculty Advisor

I have discussed the project proposed above with the student and am satisfied that it is appropriate and meets the requirements necessary for a successful senior experience.

Please do not sign below unless the following is true:

I accept the responsibility as Faculty Advisor for this student if his/her project is accepted as proposed. I will expect regular progress reports from him/her during project and I will be willing to assist this student as needed before the project begins and during the project. I agree to perform all duties outlined on the Role of Faculty Advisor form.

##### Signature of Faculty Advisor Date

##### Signature of Faculty Advisor Date

##### Signature of Faculty Advisor Date

##### Administration

I have discussed the project proposed above with the student and am satisfied that it is appropriate and meets the requirements necessary for a successful senior experience.

##### Signature of Principal Date