



Project Agreement Form

Student Name _____ APID _____

_____	_____	_____	_____	_____
Class Number	Section	Semester and Year	# of Credits	Instructor

*This form is required for CEP 890, 990, 995, EAD 890, 990, 994, TE890, 894, 990, 994.

Title and brief description of the project:

Signatures:

Professor directing the project

Date

Advisor

Date

MQM Program Director

Date