PROJECT COURSE DESCRIPTION

Student Name: _____
(Print)

Student ID or NetID: _____

Project Course Number & Title _____

Credits: _____ Semester: _____ Year: _____

Summary of Work Plan:

Faculty Advisor's Name: _____
(Print)   (Sign)

Co-Advisor's Name (if any): _____
(Print)   (Sign)

☐ **Check here if project proposal is to be considered for Capstone requirement and complete below. Capstone must be for at least 3 credits**

Academic Advisor Name: _____

Signature of Academic Advisor: _____

Return completed form to YSE Registrar's Office, Room 108, Kroon Hall