

CULMINATION PROJECT AGREEMENT

Submit signed copy to your ENT 4499 Professor

1. Student Name: _____

2. Phone number: _____

3. Email: _____

5. Title of the project.

6. This Agreement is entered into between:

Student's name: _____

ENT 4499 Professor: _____

Project advisor: _____

1. This is an agreement whereby grade and credit for ENT 4499 will be awarded in return for specified project efforts. It is agreed that all work described in this Agreement will be completed as scheduled and within the cost total and other parameters as noted.
2. Failure to maintain the agreed-upon schedule and project deliverables may result in grade penalties. Failure to submit the complete project and report by the scheduled date will result in failure of ENT 4499.
3. You will provide both your ENT 4499 professor and project advisor with a copy of your proposal which will include the following:
 - Executive Summary
 - Project description
 - Project Deliverables
 - calendar(Gantt)
 - Required Resources
 - Estimate
 - Proposed table of contents for your Portfolio Outline
 - Culmination Project Agreement (this page)

Project Advisor's Statement: I agree to provide an override for ENT 4499 when the scope and deliverables for the project are correct for this culmination project. I will participate in the evaluation as appropriate.

Project Advisor Signature

Date

Student's Statement: I fully understand the Project description, the Procedure, and the agreed-upon contributions of my Project Advisor and others who may be involved in this Agreement. I agree to meet all requirements and to request, in writing, any significant changes, which may become necessary during this Culmination project. Any such request will become valid and a part of this Agreement/Contract when accepted by my ENT 4499 Professor.

Student Signature

Date