ACADIA UNIVERSITY
JODREY SCHOOL OF COMPUTER SCIENCE

PROJECT CONTRACT AGREEMENT

Student Number: _____

Last Name: _____

Other Names: _____

Course Number: _____

Project Title: _____

Expected Completion Date: _____
(Month) (Year)

THIS PROJECT MUST BE COMPLETED BY THE LAST DAY OF CLASSES IN APRIL (DECEMBER FOR THOSE IN COMP4983X1).

I agree to carry out the work required to complete the above project as outlined by my supervisor, and to meet any time requirements stipulated by the School or my supervisor. I understand that certain details of the project may change as the work progresses, and that my grade will be determined entirely by my supervisor.

Student _____ _____
(Signature) (Date)

I agree to supervise the above project, to supply the necessary information and guidance for its successful completion, and to submit grades to the course coordinator within usual time requirements.

Supervisor _____ _____
(Legible initials and signature) (Date)

Students: when you have this form completed please bring it to the Departmental Secretary in Carnegie #310.