

**Loyola University Environment Program
Senior Capstone Experience Agreement**

Student Name: _____

Student Address: _____

Student Phone: _____

Email: _____

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Director Name: _____

Director Title: _____

Organization: _____

Address: _____

Director Phone: _____

Email: _____

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Beginning Date: _____

Expected End Date: _____

Brief Description of Senior Capstone Experience: _____

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Student: I agree to the completion of the Senior Capstone Experience as outlined in the description above and on reverse if needed. I understand that I must complete in a timely manner at least 120 hours of supervised work, and a formal writeup of my effort.

Student Signature

Printed Name and Date

Director: I agree to direct the work of this student as outlined above, provide on-going feedback, and complete a final evaluation of the student that includes a review of his/her written Senior Capstone Experience report.

Director Signature

Printed Name and Date

Sponsor (if needed): I agree to act as the liaison between the director and Loyola University to oversee the completion of the formal requirements of The Senior Experience. It is ultimately the student's responsibility to see a timely completion.

Sponsor Signature

Printed Name and Date