



# Loyola University New Orleans Environment Program

## Capstone Experience Agreement Sheet

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Student Name:  
CWID#:  
Permanent Address:  
Cell Phone:  
Loyola Email:  
Personal Email:

Project Director Information  
Name, Title:  
Organization:  
Address:  
Phone:  
Email:

Beginning Date:  
Expected End Date:  
Title:  
Brief Description of Capstone Experience:

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**I agree to complete the Capstone Experience as outlined here and on the syllabus. I understand I must complete at least 120 hours of supervised work (Internship or Research) and a formal write up of my effort.**

Student Signature

Printed Name and Date

**Project Director: I agree to direct the work of this student as outlined above, provide ongoing feedback, and complete a final evaluation of the student that includes a review of their written report on the Capstone Experience.**

Project Director Signature

Printed Name and Date

**Project Sponsor (if needed): I agree to act as the liaison between the Project Director and Loyola University New Orleans to oversee the completion of the formal requirements of the Capstone Experience. It is ultimately the student's responsibility to see a timely completion.**

Project Sponsor Signature

Printed Name and Date