Loyola University Environment Program
Senior Capstone Experience Agreement

Student Name: ________________________________________________

Student Address: ________________________________________________

Student Phone: ________________________________________________

Email: ________________________________________________

Director Name: ________________________________________________

Director Title: ________________________________________________

Organization: ________________________________________________

Address: ________________________________________________

Director Phone: ________________________________________________

Email: ________________________________________________

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.

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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.

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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.

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Sponsor Signature ____________________________________________
Printed Name and Date __________________________________________