Thank you for your willingness to supervise a project for one of our students. Projects, when conceived and performed with care, are unfailingly rewarding for the students and, we hope, for those with whom they work.

All of the following must be filled in before this form is signed and returned to the student or faxed to Michael Herring (FAX: 781.251.3375) by February 19, 2014.

Name of student_______________________________________________

Project Title

Starting date _____________________ Ending date_______________________

Please describe below the activities planned for this project and outline a specific weekly timetable. Use a separate sheet if you wish.

I have been contacted by the student’s Faculty Mentor and have read the Project Guidelines (attached). I agree to supervise this project under the terms therein.

Your Name (please print)

Your Title

Name of Organization

Address
Phone #_________________________ E-mail
_________________________________
Signature
_____________________________________________________________