

Extra Semester Project Study Plan

Name: _____ **Supervisor:** _____

Address: _____ **Beginning date of project:** _____

_____ **Area of Study:** _____

Telephone: _____

Email: _____

Please be specific and detailed, using additional pages whenever necessary. Make duplicate copies for yourself and your faculty supervisor.

1. Describe the semester you intend to undertake. What are your goals for your writing, your reading, and any additional activities that you plan?

2. How do you intend to demonstrate what you learn? What products should the project generate?

3. What expectations do you have for faculty response and participation? **Attach the schedule of packet exchanges.**

4. Cite preliminary bibliography.

I understand that the Program expects a commitment of at least 25 hours per week to my semester project and full communication with my supervisor at least once every three weeks.

Student name _____

Supervisor signature _____

Date submitted _____