



CAPSTONE CONTRACT

Student's name: _____ Student ID #: _____

Student's e-mail: _____

Dept: _____ Course #: _____ Suffix: _____ Section: _____

Credits: _____ Schedule Code: _____ Year: _____ Semester: _____

Client Organization:	
Client Contact: (Name/ Contact Info)	
Description of Capstone Project: (conditions, duties, hours, etc.)	
Project Deliverables: (report, presentation, etc.)	

*If more room is needed please attach another sheet of paper.
If any textbooks, readings and other sources will be used, please attach to form*

Student's Signature

Date

Capstone Client Signature

Date

Capstone Instructor's Signature

Date