

Senior Capstone Project
Adviser Commitment Form
(Due by August 31, 2016)

STUDENT NAME: _____

Capstone Adviser Information:

Name: _____

Phone Number: _____ (cell or Wamogo extension)

Email: _____@rsd6.org

Qualifications:

******The Capstone Student must briefly describe how they discovered this Capstone Advisor and how they think he/she can best assist with their Senior Capstone project:***

CAPSTONE ADVISER AGREEMENT:

I understand and accept the responsibilities of advising this student during his/her work on the Senior Capstone Project during the 2016-2017 school year.

Capstone Adviser (Signature) Date _____