

SERVICE PROJECT FOR GRADUATION CONTRACT

Student _____

Description of intended project:

Teacher Education Faculty Signature:

_____ (approval prior to beginning project)

_____ (date)

Project Sponsor Signature:

_____ (approval prior to beginning project)

_____ (date)

Project sponsors, if you have questions or concerns about this project or the student, please contact one of the following professors:

Dr Clay Rasmussen at clayrasmussen1@weber.edu or (801) 626-7239 for Elementary Students

Dr. Shirley Dawson at shirleydawson@weber.edu or (801)626-7853 for Special Education Students