

**Commerce 4EL3 - Experiential Learning Project in Business
Proposal Outline**

STUDENT INFORMATION

Student Name: _____

Student Number: _____

Student Email: _____

Project Activity/Title: _____

PROJECT DESCRIPTION

Objectives, Activities, Format, Start-time, Expected Length

DEADLINES

Date	Weight	Component
_____	_____	_____
_____	_____	_____
_____	_____	_____

Components may vary depending upon the project/activity but typically include outlines, drafts, interim reports and the final report.

**Form must be completed, signed and received by the SE-A prior to the end of Week #2.
A copy of the signed form may be requested from the SE-A for your records. Commerce 4EL3 can only be taken once.**

The information gathered on this form is collected under the authority of The McMaster University Act, 1976.

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SIGNATURES

I agree to supervise this project and recommend it in lieu of one standard Commerce course. I will submit a final grade for this project course by the end of the examination period for the term.

Supervisor's Signature: _____

Student's Signature: _____

Dr. Susan McCracken
Associate Professor / Associate Dean, Academic

Date Received by SE-A Office
(DSB 112)

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