

Commerce 4EL3 - Experiential Learning Project in Business Proposal Outline

STUDENT INFORMATION

Name and Student Number: _____

McMaster Email: _____

Project/Activity Title: _____

PROJECT DESCRIPTION

Objective, Activities, Format, Start-time and 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

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 Name:

Supervisor's Signature

Dr. Emad Mohammad
Associate Dean (Academic)

Date Received by APO

**Form must be completed, signed and received by the APO prior to the end of Week #2.
A copy of the signed form may be requested from the APO for your records**