

Faculty Adviser Agreement

(To be completed by the Faculty Adviser and turned into Mrs. Dolan by each senior by October 24th)

I, _____, agree to be the Capstone Experience Adviser for _____.

We plan to **make monthly contact before the experience** to discuss my plans and then weekly contact during the experience in the following manner:

Week 1: I will contact my faculty adviser

Describe Weekly Contacts:

Week 2: I will contact my faculty adviser

Describe Weekly Contacts:

Faculty Adviser Signature

Date Signed

Student Signature

Date Signed