SCHOOL DISTRICT OF CHELTENHAM TOWNSHIP

Where Excellence Begins With Education

GRADUATION PROJECT PROPOSAL FORM A

STUDENT NAME_____ HOMEROOM_____

GRADUATION YEAR_____

CHS MENTOR_____

OUTSIDE MENTOR (IF APPLICABLE)_____
OUTSIDE MENTOR'S PHONE NUMBER_____
OUTSIDE MENTOR'S E-MAIL ADDRESS_____

PROJECT TOPIC/TITLE: _____

LIST 2-4 MAJOR GOALS YOU WISH TO ACCOMPLISH:
_____
_____

BRIEF DESCRIPTION OF PROJECT:
_____
_____
_____
_____

_____	_____
STUDENT'S SIGNATURE	PARENT'S SIGNATURE
_____	_____
CHS MENTOR'S SIGNATURE	OUTSIDE MENTOR (IF APPLICABLE)

*PLEASE BE AWARE THAT THE GP MUST BE COMPLETED AT A C+ OR HIGHER LEVEL IN ORDER FOR STUDENTS TO COMPLY WITH GRADUATION REQUIREMENTS.

THIS FORM MUST BE RETURNED TO MRS. HIGGINS IN THE MAIN OFFICE BY THE FIRST WEEK OF NOVEMBER-SENIOR YEAR. PROJECTS MUST BE COMPLETED BY MAY OF SENIOR YEAR.