295 SPECIAL PROJECT REQUEST
Student: Complete shaded areas and forward to Program Coordinator/Advisor

Date:____________________________ Quarter:____________________________

895 / ______/ ______
Student Name
Student Identification Number

Address
Phone Number

Number of credits student has completed at Peninsula College: __________

Requested by ________________________________ for __________ credits.
Name of Instructor

Department:____________________________

Project Proposal: Total hours per quarter for student participation ________________.

Weekly Schedule:

Description of Project: (Use back of page if additional space is needed.)

List the learning objectives to me met:

Methods to be utilized in evaluation of project:

Signature of Instructor ______________________________

Approval:

☐ ☐ for Credits ________________ Instructional Dean

SMS Coordinator

Item #

Date Registered

- Credit is determined on the basis of 5 hours of student work per week per credit.
- Pass/Fail grades are awarded for all 295 projects
- Request by the instructor indicates this responsibility is assumed without additional compensation.