Clinic Consultant Agreement

Student’s Name: ______________________________________________

Semester: _ FALL 2004 ______________________________________

Level (circle one): Senior 1 Senior 2

The student named above has been offered a consultant position in the project entitled
________________________________________________________________________
to perform the following consulting activities:

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________

4. _______________________________________________________________________

Project Manager’s Name: ___________________________________________

Project Manager’s Signature: _______________________________________

Discipline Manager’s Signature: ______________________________________

Date Completed: _________________________________________________

Project Manager’s Signature: _______________________________________

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