



LEWISBURG AREA HIGH SCHOOL
Graduation Project
Proposal Form

PROPOSAL (RETURN TO ADVISOR)

Student Name: _____ **Advisor:** _____

Project Type: (check one)

- Career Exploration Community Service Academic Extension

Project Proposal:

In your own words describe the project that you plan to complete. As part of your proposal be sure to describe what you hope to gain through your experience. (Respond in well-written, complete sentences.)

A **classroom teacher or mentor** is required for the Academic Extension project and is highly recommended for the Career Research and Community Service Projects.

Mentor's Name and Title: _____ **Date:** _____

Mentor's Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____