

STUDENT SPECIAL PROJECT CONTRACT

***Attach supporting documents to be submitted at the completion of the project**
***To be paid upon completion of the project**

ROWAN UNIVERSITY
GLASSBORO, NJ 08028

Position # _____

FUNDING SOURCE:

FOAPALS: Fund _____ Org _____ Account _____ Program _____

Name and Address:

Date: _____

ID #: _____

Department/Grant Name: _____

Beginning Date: _____ Ending Date: _____

Project Scope:

STUDENT ONLY

Compensation: \$ _____

Signatures:

Director of Program: _____ Ext. _____ Date: _____

Department Head: _____ Date: _____

Dean Approval: _____ Date: _____

Provost/VP Approval: _____ Date: _____

I accept the terms of the assignment as stated above.

Signature

Date