

**TENTATIVE PROJECT PLAN**

Name or Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Faculty Member(s): \_\_\_\_\_

\_\_\_\_\_

Signature of Student: \_\_\_\_\_

Description or Planned Project (its scope and anticipated learning activities and products):

If applicable, discuss the process about how the project spontaneously or unexpectedly unfolded:

Number of Semester Units of Credit Anticipated:

If applicable, discuss why more or less than 4 units are anticipated: