IT/Library Course Support

Date:		_group no	n-HILLgroup	Independent Project
Technologist(s):		Librarian:		
Course Name & #:				
Course Days:	_ Times:		Room: _	
Lab Days:	_ Times:		Room: _	
Faculty/Student Name:				
Phone #:		Email:		
Faculty Advisor:				
# of Students:		Syllabus		
First Assignment				
Туре:		Due Date: _		
# of Projects:				
Comments:				
Second Assignment				
Туре:		Due Date: _		
# of Projects:				
Comments:				
Third Assignment				
Туре:		Due Date: _		
# of Projects:				
Comments:				

Brief Project Description:

<u>Timeline</u> Description: Date: