IT/Library Course Support

Date: _____ ☐ HILLgroup ☐ non-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

Type: _____ Due Date: _____

# of Projects: _____

Comments:

Second Assignment

Type: _____ Due Date: _____

# of Projects: _____

Comments:

Third Assignment

Type: _____ Due Date: _____

# of Projects: _____

Comments:

Brief Project Description:

Timeline

Date: Description:

_____   _____

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