

This page is to be filled out by HSDC/COEC staff only

Project Approval

Project Name: _____

Facility Assigned (if any)

Locker: _____ Cabinet: _____ Workbench: _____ Cage: _____

Assignment Duration

Start Date: _____ End Date: _____

Approver Signatures

Student Project Coordinator: _____ Date: _____

Director of Student Projects: _____ Date: _____