



**BALL STATE
UNIVERSITY**

Project Proposal for Muncie Community Schools

Project Title: _____

School(s): _____

Project Dates: _____ Duration: _____

Project Scope: _____

Outcomes: _____

Will BSU students be involved? YES No Is this part of a class? YES No

Contact Person: _____

BSU Team Lead: _____

BSU Team members: _____

Date Submitted for Approval: _____ Date Project Approved: _____

Dept. Chair Signature: _____ Dean's Signature: _____

Dr. Buck's Signature: _____ MCS Signature: _____

Completed forms, with department chair and dean signatures, should be sent to the MCS Liaison's office (Carmichael Hall 141) for submission to Muncie Community Schools.