

Foster Technology Center
173 Seamon Road
Farmington, Maine 04938
Tel./FAX (207) 778-3562

Applied Learning Projects Request Form

All operations performed on instructional projects are conducted by the student as an applied learning experience. All instructional projects shall meet the educational requirements of the approved Program Curriculum.

THE FACULTY OF THE CENTER RESERVES THE RIGHT TO ACCEPT OR REJECT ANY PROJECT REQUESTS.

CLIENT _____ TELEPHONE _____

MAILING ADDRESS _____

PROGRAM INVOLVED _____ INSTRUCTOR _____

DATE OF REQUEST ____/____/____ REQUESTED PROJECT COMPLETION DATE ____/____/____

PROJECT DESCRIPTION: Give pertinent information required for the instructional project, i.e., specifications, dimensions, etc. (Use reverse side of this form if additional space is needed)

*AGREEMENT: I, the undersigned, hereby agree to indemnify and save harmless M.S.A.D. #9, the School Board, and any agents, officers, or employees thereof, against any courses of action, claims of damages, theft, or injuries arising out of, or in any way connected with the learning experience involved; and to accept full responsibility for the cost which will be incurred in the preparation and repair of the above described instructional project. I also realize that this educational program is under no obligation to complete the project or to meet the requested completion date indicated above. As an educational project, there is NO implied Guarantee or Warranty on instructional projects. **Payment in full is required before the instructional project is released.***

CLIENT'S SIGNATURE: _____

For Office Use Only

Competency Duties and Tasks met by completing project _____

Estimated Cost \$ _____ Project Start Date ____/____/____ Projected Completion Date ____/____/____

Instructor Approval: _____

Adopted: December 14, 1999
Reviewed: March 26, 2002
Reviewed: June 8, 2009