

St. John Valley Technology Center
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Frenchville, ME 04745
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Applied Learning Projects Request Form

All work performed on instructional projects is conducted by the students as an applied learning experience. All instructional projects shall meet the educational requirements of the approved program curriculum.

SJVTC RESERVES THE RIGHT TO ACCEPT OR REJECT ANY PROJECT REQUEST.

NAME _____ 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, expenses, etc.). Use the reverse side if additional space is needed.

AGREEMENT: I, the undersigned, hereby agree to indemnify and hold harmless the MSAD #33 Board of Directors 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. I accept full responsibility for the costs which will be incurred in the preparation and repair of the above described instructional project. I also realize that every effort will be made to complete the project in a timely manner; however, due to certain circumstances the project may not be completed in the established time frame. 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.

SIGNATURE: _____ DATE: _____

For Office Use Only

Competency duties and tasks met by completing project _____

Estimated Cost \$_____ Project Start Date ___/___/___ Project Completion Date ___/___/___

Instructor Approval _____ Director Approval (over \$50.00) _____

MSAD #33 Superintendent of Schools Approval (over \$150.00) _____