

******DUE: MONDAY, AUGUST 31 TO HOMEROOM
TEACHER BY THE END OF HOMEROOM******

**Dallas School District
Completion Project**

Statement of Intent

Date: _____

Name: _____ Homeroom: _____

Additional Group Members: _____

Advisor: _____

Project Title: _____

Project Description (1-2 sentences outlining project):

Student Signature: _____

Advisor Signature: _____

Completion Project Review Committee Decision:

Project Topic is: APPROVED NEEDS REVISION