PROJECT CONTRACT

| Student(s) Name: |
|--|
| Project Topic: |
| Essential Question: |
| Due Date of Project: |
| Learning Outcomes (at least three): |
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| |
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| |
| Group Goal(s): |
| |
| |
| |
| Product of Project: |
| |
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| |
| Student(s) Signature: |
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| |
| |
| Teacher Signature: |
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