

Topic Selection Worksheet

1. The overall subject of my Graduation Project will be _____.
2. My research paper will be about (check and explain all that apply):
 - Argumentative _____
 - Informative/Explanatory _____
 - Other _____
3. My product will be (check one and explain)
 - Teaching _____
 - Fundraising _____
 - Volunteering _____
 - Making/Building/Creating _____
 - Job Shadowing _____
 - Coaching _____
 - Other _____
4. The evidence I will show for my product will be _____

5. Your Graduation Project should demonstrate a “learning stretch” for you.
What will be new and challenging to you in the process of completing this project?

6. I estimate the total cost of this project will not exceed _____.
7. Names and numbers of **two possible mentors or businesses** where you might get a mentor:
 - 1.
 - 2.

Student Signature: _____ **Date:** _____

I have reviewed the above information and find that it fits the Graduation Project Guidelines.

Advisor Signature: _____ **Date:** _____

Graduation Project Ethical Commitment Swansboro High School

As a participant in the Swansboro High School Graduation Project, I pledge to adhere to the following as a demonstration of my honor and integrity:

- I will not use a paper and/or information gathered by another student.
- I will not use a template, paper, or parts of a paper from the Internet or any other electronic device or prepared source.
- I will accurately document any sources used in my paper to avoid plagiarism.
- I will complete all of the work necessary for the completion of the product/project that evolves from the research paper.
- I will collect accurate verifications on all the work necessitating signatures.
- I will not forge any verification documents.
- I will complete a project. I will not buy or falsify the completion of a project. I will not exaggerate or misrepresent my project in any way.
- I will include only work that I have completed in the portfolio. I will not include any work of any type that belongs to another student. The portfolio will reflect the work and effort that I have exerted through the completion of the Graduation Project.
- I will not plagiarize.

I agree to adhere to the above criteria in completing my Graduation Project. I understand that if I fail to adhere to these standards and submit work that is not my own creation, I will face the penalty of receiving a zero or a “resubmission necessary” for that particular component (paper, product, portfolio, presentation) of the Graduation Project. This may result in my NOT completing the requirement for graduation.

Student Name (Print):

Student Signature:

Parent/Guardian Signature: _____ Date: _____

Graduation Project Parent Release Form

Name of Student _____

Title of Project _____

- I have read and approve the topic and product described on the Topic Selection Sheet.
- I have read the statement concerning integrity, plagiarism, cheating, and dishonesty, and understand the consequences.
- I understand the consequences if my student fails to complete all four components of the Graduation Project.
- I understand that my student will be working with a mentor from the community.
- I understand that Swansboro High School is not responsible for transportation to and from work with the mentor.
- I understand that Swansboro High School is not responsible for any injury my child may receive during the course of the Graduation Project field experience or product work.

Parent Signature _____

Date _____

If you have any questions concerning the statements above, feel free to contact Jolanda Sandy or Patsy Crawford at (910) 326-4300 or patsy.crawford@onslow.k12.nc.us

Onslow County Graduation Project Contract

I, _____, understand the components of the Onslow County Graduation Project. I agree to abide by the requirements. I will conduct myself with professionalism while working with school and community leaders. I understand that the project must be completed in the designated time frame. I understand that I must work with my mentor outside regular school hours. I understand that I am responsible for providing my own transportation. I understand that all four components must be completed successfully to meet the Onslow County High School Exit Standards requirements for graduation.

Student signature _____

Parent signature _____

Mentor Registration Form

****Please complete and return to your advisor.**

Working with a mentor is NOT optional. If you are having difficulty finding a mentor, see your advisor for assistance and then see Ms. Sandy, if necessary.

Student Name _____

Project Title and Topic _____

Mentor Information

Name _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Occupation, Position, and/or Title _____

****Attach your mentor's business card if he/she has one.**

1. How did you find your mentor?
2. Describe your mentor's expertise and how you will benefit from working with this mentor.
3. Have you known this person prior to beginning Graduation Project? If so, how?

Student Signature _____

I am aware that my student is being monitored on his/her Graduation Project by the person named above. I have no objections to this person serving as mentor and will not hold Swansboro High School responsible for the meetings that take place between my child and the above named person.

Parent/Guardian's Signature _____

Swansboro High School Graduation Project: Mentor Commitment Form

Mentor's Name: _____

Mentor's Address: _____

City: _____ State: _____ Zip Code: _____

Mentor's Phone Number: (Work) _____ (Home) _____

(Cell) _____ (Email) _____

I have agreed to mentor _____ during the Graduation Project process.

The student's research topic is _____.

The student's physical product is _____.

My qualifications for serving as a mentor for this topic is:

My previous knowledge of the student is:

I will help the student in the following way(s):

- ___ assist with information and resource location
- ___ provide facilities in which the student may work on product
- ___ guide in the completion of the product
- ___ assist with problem-solving
- ___ provide constructive feedback throughout the project
- ___ verify successful completion of a valid product that represents a "learning stretch"
- ___ verify the hours necessary to complete the product
- ___ Other: _____

Mentor's signature: _____ Date: _____

I, _____, agree to serve as a mentor for

_____. I have never been convicted of a felony, and I agree that I may have to submit to a background check.

Mentor's Signature _____

PRODUCT LOG (2)

Date	Time Spent on Task	Description of Tasks Completed	Mentor/Parent Signature

TOTAL HOURS SPENT: _____

VERIFICATION OF HOURS (to be signed by mentor or parent/guardian):

****Mentor signs only on dates when actual meetings took place to discuss progress, verify student followed plans, etc. Signature verifies successful completion of the entire product component with a minimum of 15 hours of student input.**