PROJECT PLANNER

- ☐ SIASG
- ☐ ULASG
- ☐ UASG
- ☐ SIACSG

PRESIDENT:

START DATE : / /

PROJECT NAME :

DUE DATE : / /

OBJECTIVES :

MILESTONES :

1

2

3

4

RESOURCES/BUDGET

TIME LINE

REVIEW OF MENTOR

NAME:_____SIGNATURE:_____ DATE: _____

ACTION PLAN	ASSIGNED TO	DEADLINE	COMPLETE
		/ /	/ /
		/ /	/ /
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