

## **CEED Project Acceptance Letter**

To: Dr Jeremy Leggoe, Director

From: «First Name» «Surname»

## CEED Project «Project No» with «Company» titled «Project Title»

Academic Supervisor: «Supervisor», «Co Supervisor», «Co Supervisor 2»

I, «First Name» «Surname» confirm my acceptance of the above CEED Project.

- In accepting the CEED project, I agree to:
  - attend the CEED Student Induction program and other training as may be arranged;
  - produce and submit a Project Brief setting out the agreed deliverables of «Company» and the CEED Office:
  - work on my CEED Project at the location arranged by «Company»;
  - present monthly to my «Company» mentor, my supervisor and the CEED office, a written report outlining project progress, and generally do my best to meet other reporting needs of «Company»;
  - present «Company» with agreed deliverables at the end of the project. I understand that these deliverables may include items in addition to those submitted for academic assessment.
- ii. I understand that I will receive a studentship totalling A\$«Studentship 0 for Probono» in «No Cheques» instalments over the period of this project, but no other payment, though I am permitted to undertake paid employment with «Company» separately from this project.
- iii. I understand that I am responsible for my personal accommodation and travel expenses when working at project sites within a radius of 50km of the university, and that any claims for travel or other expenses must be agreed in writing in advance by «Company».
- I agree to be bound by the agreement between the University and «Company» with respect to iv. confidentiality and intellectual property derived from this project.
- I will not negotiate or agree to any change to the status or academic level of my CEED project ٧. with «Company» without prior agreement in writing by the CEED Office.
- vi. I understand that undertaking this project does not make me an employee of the University or of «Company», and that I remain responsible for ensuring I have adequate personal health or accident insurance. I understand that the university will indemnify «Company» against claims resulting from any accidents caused by my negligence with respect to my carrying out this project, but this does not include any times of paid employment or any willful or foolish acts of my part.

Signed:	Date
	«First_Name» «Surname» («St_No»)