

SANTA CLARA UNIVERSITY

Engineering Senior Design Project Review

Project Advisor	Department (& course number, if relevant)	Phone Number: E-mail:
Co-Supervisor (SCU Engineering Faculty)	Department (& course number, if relevant)	Phone Number: E-mail:
Sponsor (if any)	Sponsor name	Phone Number: E-mail:
Student lead/team member(s) (list all)	Location of work:  <input type="checkbox"/> SCU <input type="checkbox"/> Sponsor site	Phone Number: E-mail:
Project Title:		
Project Description:		
<p>Provide the following :</p> <p>1) Will the project require the use (other than incidental use) of space, facilities, materials or other resources provided by or through the University such as specialized instruments or facilities? (Note: Use of an office, the library, and desktop computers is considered to be the incidental use of space, facilities, materials or other resources.)</p> <p style="text-align: right;"><input type="checkbox"/> yes   <input type="checkbox"/> No</p> <p>2) Is the project directly funded by the University?</p> <p style="text-align: right;"><input type="checkbox"/> yes   <input type="checkbox"/> No</p> <p>3) Is the project initiated or an extension of research by the advisor, a full or parttime University faculty member, staff member, postdoctoral fellow or other person employed by the University?</p> <p style="text-align: right;"><input type="checkbox"/> yes   <input type="checkbox"/> No</p> <p>4) Is the project supported through the University in any way by a company or other non-University entity?</p> <p style="text-align: right;"><input type="checkbox"/> yes   <input type="checkbox"/> No</p>		



Project Advisor (s) Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Co-Supervisor (Engineering Faculty) Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Engineering Senior Design Coordinator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Authorized Official Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: