

JUNIOR/SENIOR CLINIC PROJECT SELECTION FORM Spring 2010

Name: _____

Major: _____ **Honors (Y/N):** _____

Previous out of discipline? (list semester/instructor): _____

Instructions: This form will be used to aid the faculty selection committee in formulating this semester's projects. We always try to give students one of their selections, *but please keep in mind that you may not get any of the projects that you have selected.* Include enough information to make each project you list unambiguous; for example, use the project code, exact project title, etc. Select at least five (5) projects. You are required to have at least 2 of your selections from out of discipline projects. Rank each project according to your interest level on a scale of 1 as a high interest and 4 as a low interest. If you would like to alert the faculty to a unique interest or capability relative to a project, add a sentence in the project title block.

Tuesday, January 19 th , 2010	Receive project list and attend project showcase
Wednesday, January 20 th , 2010	Submit selection form by 9.00 AM, ROW 312
Thursday, January 21 st , 2010	Receive project assignment

If you fail to return this form on time we will assume that you have no preference and will gladly work on any project in the college.

Project Code <i>as listed on handout (e.g. ME-12, CEE-20)</i>	Project Title What are your interest and/or skills relevant to this project?	I have prior experience on this project (yes/no)	Rank Interest (1-4) 1=High 4=Low			
			1	2	3	4
	Out of Discipline Project					
	Out of Discipline Project					