

PROJECT AGREEMENT FORM

Engineering Tripos Part IIB 2016/17

To be taken to the Teaching Office (Office Floor , Baker Building) by Friday 3 June 2016 at the latest.

Please write clearly

Name of Student email:

College Director of Studies

Project is: Type (a) / Type (b) (delete as appropriate)

Name of Supervisor

Short title of project

Aims of project (to be filled in by supervisor who should keep photocopy)

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.....

Signature of student

Signature of supervisor

(indicating a definite commitment to supervise the project)

Workshop facilities needed (please tick):

none insignificant significant

Central computing facilities needed other than word processing (please tick):

none insignificant significant

Any special safety implications

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IMPORTANT: please give project reference no. eg B-ANO22 7 / B-ANO2-type(b)

**NOTE: Each student is responsible for handing in his or her form to the Teaching Office.
DO NOT LEAVE IT WITH A POTENTIAL SUPERVISOR FOR SIGNATURE!**