School of Dynamic Systems

Special Projects Approval Form
MECH5099

Name: ___________________________________________  Class of ________

Student Number:  M____ - ____ - ______

Faculty member responsible for project: ________________________________

Project Title: ________________________________________________________

Objective: __________________________________________________________

Number of Credit Hours (maximum of six may count toward degree requirements) ______

Major Tasks:
1) ______________________________________________________________________

2) ______________________________________________________________________

3) ______________________________________________________________________

4) ______________________________________________________________________

5) ______________________________________________________________________

Approvals:
Faculty Project Advisor: ________________________________  Date: _________

Student: ________________________________________________  Date: _________