NAME: 

PROGRAM: ELEC CMSI circle one

TELEPHONE NUMBER (home and office)

EMAIL ADDRESS

MAILING ADDRESS

OTHER CLASS TAKEN THIS SEMESTER/DATE

PROJECT TITLE

1. PROJECT PROPOSAL PRESENTATION

2. FIRST PRESENTATION FIRST PROGRESS REPORT

3. SECOND PRESENTATION SECOND PROGRESS REPORT

4. FINAL PRESENTATION FINAL COMPLETE REPORT

PROFESSIONAL MEETING REPORT

TOPIC
DATE OF MEETING
DATE OF REPORT

OTHER OBSERVATIONS