

PROJECT IDEA SUB MISSION FORM

INTEGRATED ENGINEERING TEAM PROJECT (IETP4115)

Project Title:

Student Name:_____ Student ID:_____ Group_____

Proposer's e-mail address:_____ H/P No: _____

Department: _____

Advisor/s: _____

Collaborator(s) (if any) : _____

Project concept and SDG mapping:_____

Objectives:

Short summary of the project (not more than 200 words)

Materials, Tools, equipment/instruments required:
