

ELEC & COEN 490 Project/Group Selection Form

Group Members	1	1	1
Name	Option (program)	ID Number	Signature
Date			
Group Skill Set (list the are	eas in which the group	members would lik	e to work)
Provide Project Title			
Supervisor Name:	9	Signature:	Date:
COEN/ELEC490 Coordinator:		Signature:	Date:
Additional Information:			