

ASPIRE

Project Description Form

Rev: 9/2012

To be filled out by engineering faculty or staff mentor. Please type. Attachments allowed.

Faculty/Staff Mentor Name: _____

Department: _____

Phone Number: _____ Email Address: _____

Title of Research Project: _____

Description of Project Objectives and Work to be Performed:

Semester/year: _____ Renewal Application?: Yes / No

Amount of matching funds to be provided to MTECH by mentor: \$ _____
(minimum required match is \$250 for Fall or Spring, or \$750 for a summer)

Matching funds to be provided from FRS# _____
(note: 01-5 accounts only allowed if the student research funds were included in the federal award budget)

Mentor's Dept. Business Director Name: _____

Mentor's Dept. Business Director Email Address: _____

Mentor's Dept. Business Director Signature: _____

Mentor Signature: _____ Date: _____

Return to: Maryland Technology Enterprise Institute, Room 2100 Potomac Building,
University of Maryland, College Park, MD 20742-3415 (301)405-3891