
**UNIVERSITY OF ILLINOIS AT CHICAGO
DEPARTMENT OF MECHANICAL & INDUSTRIAL ENGINEERING
ME/IE396: SENIOR DESIGN**

FORM 1 – FORMING THE TEAM

Project name _____

Team name _____ **Team leader** _____ (you may decide this later)

Sponsor (address, contact person, contact information)

Faculty supervisor (optional) _____

Student Names (printed)

Signatures

1. _____
2. _____
3. _____
4. _____

Briefly describe why you think you can work effectively as a team for the chosen design project

Besides the lecture sessions, what are the other times on Monday, Wednesday, and Thursday that you can meet with the instructor as a whole team for half an hour (during 11:00-12:00, 2:00 – 5:00)?