

Contact Information

Name: Date:

Email Address:

Daytime Phone Number: Cell Phone:

Fax Number:

Company/ Affiliation:

Position:

Address:

Project Information

Project Type (select all applied):

- Corporate research
- Academic research
- Thesis/ Dissertation
- Grant proposal
- Ongoing funded project
- Other(please specify):

Availability: Monday

Tuesday

Wednesday

Thursday

Friday

Project Time frame: Start date

End date

Consulting Request Form: Off-Campus Client | CASE

Other relevant time restrictions

Please give a brief description of the project and specific aspects you are seeking assistance with:

How did you hear about CASE?

Colleague

Website

Printed ad

Other:

Office use only

Date:

Faculty mentor:

Estimation of consulting hours: