

Contact Information

Name: Date:

Email Address:

Daytime Phone Number: Cell Phone:

Campus Address:

Academic Department (or for student, Major):

Position on Campus (please select one):

- Faculty/ Staff
- Undergraduate Student
- Graduate Student

If you are a student conducting research under the supervision of a mentor, please indicate the name and academic department of the professor(s):

Project Information

Project Type (select all applied):

- Class project/ homework
- Extracurricular research project (research team etc.)
- Capstone project
- Master's thesis
- Grant proposal
- Faculty research
- Assessment/Evaluation
- Other (please specify):

Availability: Monday

Tuesday

Consulting Request Form: On-Campus Client | CASE

Wednesday

Thursday

Friday

Project Time frame: Start date

End date

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/ Peer

Website

Advisor

Project mentor/ Professor

Other:

Office use only

Date:

Faculty mentor:

Estimation of consulting hours: