

TECHNOLOGY STUDENT ASSOCIATION PLAN OF WORK

| Date | Task | Time involved | Team member responsible (student initials) | Comments |
|------|------|---------------|---|----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Advisor signature _____