PROJECT AGREEMENT FORM

Engineering Tripos Part IIB 2018/19

To be taken to the Teaching Office (Office Floor , Baker Building) by Friday 8 June 2018 at the latest.

| Please write clearly |
|---|
| Name of Student Pholop Salmony email: pms 67@cam.ac.u |
| College Wolfson Director of Studies Dr. Steve Hoath |
| Project is: Type (a) / Type (b) (delete as appropriate) |
| Name of Supervisor Dr. Fulvio Forne |
| Short title of project Self-Balancing Bike |
| Aims of project (to be filled in by supervisor who should keep photocopy) |
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| Signature of student MSL |
| Signature of supervisor |
| (indicating a definite commitment to supervise the project) |
| Workshop facilities needed (please tick): |
| none O insignificant Significant O |
| Central computing facilities needed other than word processing (please tick): |
| none O insignificant S significant O |
| Any special safety implications |
| |
| IMPORTANT: please give project reference no. F-FF286-2 eg B-ANO227/B-ANO2-type(b) |

NOTE: Each student is responsible for handing in his or her form to the Teaching Office. DO NOT LEAVE IT WITH A POTENTIAL SUPERVISOR FOR SIGNATURE!