

	<b>PROJECT TEAM SIGN OFF ORGANISATION FORM</b>
	<b>Applied Industry Project – Loyalist College in Toronto</b>

<b>TEAM NUMBER:</b>		<b>DATE:</b>	
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<b>PROJECT TITLE</b>			
<b>MEMBER COUNT</b>			
<b>TEAM LEAD / PROJECT MANAGER</b>			
<b>MEMBER INFORMATION</b>	<b>MEMBER NAME</b>	<b>STUDENT NUMBER</b>	<b>ROLE DESIGNATION</b>
<b>PROJECT ADVISOR</b>			
<b>ADVISOR CONTACT</b>			
<b>SCHEDULED ADVISOR MEETING TIME</b>			