

SCHOOL OF PHYSICS, UNIVERSITY OF SYDNEY
JUNIOR PHYSICS EXPERIMENTAL PROJECTS
PROJECT PROPOSAL FORM

Please use a black or blue pen when completing this form.

Project Group (eg 6TECG)	
Project Title	

Project Group Members (* signature required for marks to be awarded)

#	SID	First Name	Surname	Signature*
1				
2				
3				
4				
5				
6				
7				

Project Description

<i>Official use only - Must be completed by tutor mentoring the Project Group</i> <i>Tutor's name & comments</i>	Mark / 4

Enter your Project Group Number eg 6TECG

Equipment and Resources - It is important that this section is completed fully because it is used to prepare your Project Kits and organise your allocated space. Indicate whether you will supply the item (**S**) or Physics (**P**).

[illegible]

Description of Project

Project Timeline

Activity	Names and Contributions
Week 1	
Week 2	
Week 3	
Week 4: Oral Presentation	
Report	

What do you hope to learn from project?

--

References

--