**For Professor’s use only:**

**Date received \_\_\_\_\_\_\_\_\_**

**Time received \_\_\_\_\_\_\_\_\_ hrs**

# (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Team Composition

This form will be used to identify the members on a project team for the prescribed case study/project.

After signing it please submit the copy of this document to the Professor in the classroom of week two and keep the original with you to attach it in the submissions of assignments and project's phases.

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We, the undersigned, request to form a project group of up to six students for the duration of the course CST2234.  
**(This is a Word document so please type in the Student Number, Student Name and Signature)**

|  |  |  |
| --- | --- | --- |
| Student Number | Student Name | Signature |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

The **Project Leader** for this Group is:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(to be assigned by the course professor)**

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if you wish to declare one)

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Professor notes and comments

Professor Name and Signature Asim J. Butt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_