

Summer/Fall 2017 Version

DREAM APPLICATION FORM**Student Information**

Surname		Date of Birth (DD/MM/YYYY)	
First name(s)		E-mail address	
Student ID		Current GPA/ CGPA	
Year in School			

Project Information

Project Title			
Faculty Mentor's Name		E-mail address	
Project Period	Start	End	No. Weeks
Project Description Provide a clear, concise description of your DREAM project.			
Responsibilities Describe your specific role in the project and the expected contributions.			
Goals and Significance Explain the overall objectives of the project and in what ways completion of this project will be beneficial to you.			

Student Signature_____
Date_____
Faculty Mentor Signature_____
Date

Note: Completed forms should be returned to DREAM Coordinators. Applications should also attach a transcript (unofficial is accepted) of their most recent grades.