

Spring 2025

**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 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.