



Project Participation Request Form

Submitter Name:

Submitter Phone Number:

Submitter Email Address:

Supervisor/Professor Name:

Supervisor/Professor Phone Number:

Supervisor/Professor Email Address:

Provide a brief description of your proposed project (250 words max):

What are the goals of your project?

What is the type of commitment (time, efforts, resources) that you are requesting from ourBRIDGE?

Project due date:

****Projects should not be submitted without approval from ourBRIDGE representative. An ourBRIDGE staff member will contact your supervisor to complete the approval process.****