

BME/ECE/SENG 499 – Design Project II

(Each project group is expected to complete and return this form to the course coordinator or the TA on or before May 17, 2018)

Project Information

Project Title: _____

Engineering Faculty Supervisor from UVic: _____

Co-supervisor (if any): _____

(Please include email id and affiliation information of the co-supervisor)

Team Information

S. No.	Last Name, First Name	Student Number	Student Signature

Signature of the faculty supervisor: _____

Signature of the co-supervisor (if any): _____

Course Coordinator: Dr. T. Ilamparithi

Contact Information: EOW 407; Email: ilampari@uvic.ca; Phone: 250 721 8679 (office)

Lecture Information: DSB C103, Wednesdays, 4:30 to 5:20 PM