

PROJECT SUBMISSION APPROVAL FORM



PROJECT TITLE: _____

PRESENTER NAME(S): _____

FACULTY MENTOR NAME(S): _____

Select the presentation format for your project, and you must fill in ONE(1) preferred presentation time block.

Presentation Format	Time Preference		
<input type="checkbox"/> Oral Presentation	<input type="checkbox"/> 9:00 - 11:50am	<input type="checkbox"/> 2:00 - 4:50pm	<input type="checkbox"/> No Preference
<input type="checkbox"/> Poster Presentation	<input type="checkbox"/> 9:00 - 10:30am	<input type="checkbox"/> 12:00 - 1:30pm	<input type="checkbox"/> 3:30 - 5:00pm
<input type="checkbox"/> Applied Experience Display	<input type="checkbox"/> 9:00 - 10:30am	<input type="checkbox"/> 12:00 - 1:30pm	<input type="checkbox"/> 3:30 - 5:00pm
<input type="checkbox"/> Artistic Performance	<input type="checkbox"/> 9:00 - 12:00pm	<input type="checkbox"/> 12:00 - 4:00pm	<input type="checkbox"/> No Preference
<input type="checkbox"/> Gallery Exhibit	<input type="checkbox"/> 9:00 - 12:00pm	<input type="checkbox"/> 12:00 - 4:00pm	<input type="checkbox"/> No Preference
<input type="checkbox"/> Demonstration	Time and location	<input type="text"/>	
<input type="checkbox"/> Three Minute Thesis	<input type="checkbox"/> 9:00 - 11:00am	<input type="checkbox"/> 1:00 - 2:30pm	

Select the **most relevant** Husky Compact Dimension addressed in your project:

- | | |
|---|--|
| <input type="checkbox"/> Act with Personal Integrity and Civic Responsibility (Dimension of the Year) | <input type="checkbox"/> Think Creatively and Critically |
| <input type="checkbox"/> Engage as a Member of a Diverse and Multicultural World | <input type="checkbox"/> Seek and Apply Knowledge |
| <input type="checkbox"/> Integrate Existing and Evolving Technologies | <input type="checkbox"/> Communicate Effectively |

Are you going to Opt-In to the Huskies Showcase competition?

- YES. You will write and submit a reflection explaining how the project exhibits one or more dimensions of Our Husky Compact. If you selected the **Dimension of the Year** an additional reflection will be completed.
- NO. You will not submit a written reflection with their registration and they will present at the event without being included in the award competition.

Did your project involve a partnership with an agency, organization or industry outside of SCSU?

- No Yes (If yes, please provide following information)

Organization / Company Name: _____

Location: _____

Contact Name: _____

Contact Email: _____

SIGNATURE

By signing below, I agree to be an active mentor/advisor in the students' project and understand that I play a vital role in the educational experiences that socialize students into the culture of being a professional in their discipline. I have reviewed the project abstract, as well as the above project information with the student(s) presenting and understand that *no project or schedule changes will be allowed once the project registration has been submitted.*

Faculty Mentor/ Advisor Signature

Date