

BIOSYSTEMS PROJECT APPLICATION FORM

COMPANY INFORMATION

Legal Company Name:	Address:
City:	Province:Postal Code:
Website:	

Company Description (Company Size, Market Segment, Engineering Disciplines, etc.)

CONTACT INFORMATION				
	Primary Contact	Secondary Contact	Accounting Department Contact	
Name:				
Position:				
Office Phone:				
Cell Phone:				
Email:				
Expected Payment Timeline:	N/A	N/A		

Please mark the preferred phone number for each contact with *

PROJECT INFORMATION
This project is for the Biosystems (September-April) course.
Project Category (pick as many as are applicable)
Agricultural Biomedical Bioresource Environmental Design and Development Process Improvement & Management Facility Planning/Workplace Health& Safety
Project Title:
Project Background (Product, Process, Current problems experienced, etc.)

Design Goal/Problem Statement ("Design/Develop a...")

Project Scope

Needs and Wants Ex) The design must not plastically deform or buckle, the design should be quick to assemble, etc.	
Constraints/Limitations Ex) Budget, Size, Fabrication Limitations, Industry Standards (ISO, ASHRAE,), etc.	
Specifications Current Numerical Parameters (if applicable) 	
• Larget Numerical Parameters	

Expected Project Deliverables (CAD Model, BOM, FMEA, Preliminary Engineering Drawings, etc.)

Please list any requirements students have to fulfill to participate in this project (Background Checks, Certifications, etc):