



Campus as a Living Lab - Notice of Intent

Academic Lead(s)		
LAST NAME:		FIRST NAME:
FACULTY:		DEPARTMENT:
RANK:		E-MAIL ADDRESS:
LAST NAME:		FIRST NAME:
FACULTY:		DEPARTMENT:
RANK:		E-MAIL ADDRESS:
Operations Lead		
LAST NAME:		FIRST NAME:
FACULTY:		DEPARTMENT:
JOB TITLE:		E-MAIL ADDRESS:
Proposed Project Title and/or Selected Challenge # / Priority Area		
High-level Research Goals or Questions (1-2 sentences)		
Signatures - I verify that all the information contained within this form is true and complete to the best of my knowledge.		
Academic Lead(s)		
NAME:	SIGNATURE:	DATE:
NAME:	SIGNATURE:	DATE:
Operations Lead		
NAME:	SIGNATURE:	DATE: