

## ELP Enrollment Form 2017

**Client Company:**

**Project Title:**

**Faculty Advisor:**

**Details of Group Members:**

	Name	ERP #	Signature/Initial
1.	<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
2.	<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
3.	<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
4.	<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
5.	<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
6.	<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>

**Please indicate your area(s) of investigation:**

- New Ventures / Feasibility Studies
- Management Control Systems
- Human Resource Restructuring
- Strategic Analysis & Management
- Marketing Strategy
- Supply Chain Management
- Resource Mobilization Strategies
- Financial Management
- Process Re-Engineering and Change Management

Other (specify):

\_\_\_\_\_  
Signature of Faculty Advisor

\_\_\_\_\_  
Dated