

IBA ELP Review Status Form

Group leader's Full Name

Group leader's ERP Code

ELP Section Code

Faculty Advisor

Company's Name

Project Name

Project Description

Company Representative

Representative's Contact

Representative's Email

Has the Mid-review presentation been carried out?

Yes

No

If Yes, date of Mid-Review Presentation (dd/mm/yy):

If No, expected date of Mid-Review Presentation (dd/mm/yy):

Signature & Date
Group Leader

Signature & Date
Faculty Advisor

Signature & Date
Company Representative