**ELP Enrollment Form - 2021**

**Client Company:**

**Project Title:**

**Faculty Advisor:**

**Details of Group Members:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name** | **Program** | **ERP #** | **Signature/Initial** |
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**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Faculty Advisor Dated

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**For Office User Only**

Class Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_