**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_