

Purdue University
College of Science
Teaming and Collaboration Pre-Approval Form

Student: _____ Course/Context: _____

Evaluator _____ Date: _____

Evaluator:

1. Please provide a detailed description (focus, environment, type of experience) of the teaming experience and intended goals

Please Submit or Mail this document to:
Science Undergraduate Advising Office
Mathematical Sciences Building, Room 231
150 N. University St.
West Lafayette, IN 47907-2067

or e-mail: scienceadvising@purdue.edu