Project Description Form

Please send completed forms to Dr. John Burr at burre@purdue.edu.

If you have technical difficulty with this form please contact Amy Ross, Program Coordinator, at ross@purdue.edu.

COMPANY INFORMATION

Company Name:

Company Description:

Subsidiary Description (if applicable)

Industry:
PROJECT INFORMATION

Project Description:
(Please provide a description of the project and the problem it addresses) Note that the project scope should allow a team of 4-5 students to devote approx. 60 person hours per week over 12 weeks.
Team Capabilities Required:
(Please identify the major skills and expertise that will likely be needed to successfully complete this project)

Final Deliverables:
(Please describe the specific outputs that you expect from this project)

Resources to be Provided:
(Please identify items such as information, access to key personnel, and use of company facilities that you will provide to the student team to ensure the project’s success)
Project Importance:
(Please indicate how significantly the project contributes to your corporate goals and objectives)

Type of Project:
(From the list below please select the description(s) that best describe your project)

- Business Process Improvement
- Supply Chain and Logistics
- New Business Plans
- International Expansion (China)
- International Expansion (Latin America)
- HR Systems and Processes
- Technology Commercialization
- Business Strategy
- Distributing and Retail
- Organizational Assessment and Design
- International Expansion (Latin America)
- Marketing Research and Strategy
- Sustainability and Social Responsibility

Preferred Project Timeframe
(Please indicate in which academic semester you prefer the project to be undertaken)

- Fall Semester
- Spring Semester
- Summer Semester (8 weeks)

Legal Restrictions:
(Please check any legal restrictions that apply to your project)

- Restriction to US Citizens (e.g. military, government)
- Confidentiality and/or Non-Disclosure Agreement required
- Exclude students who have accepted employment/internships with competitors
- Other (please describe)
CONTACT INFORMATION

Project Executive Sponsor
(This is the person with the formal authority to execute the potential changes/initiatives resulting from the project)

Name: 
Title: 

Address: 

City: State/Province: Zip/Postal Code: 

Country: 

Telephone: E-mail 

Fax: 

Purdue Alumni

Yes

No

How did you hear about Krannert's Corporate Consulting Course
Primary Project Liaison Contact
(This person will have day-to-day contact with the project team and is directly accountable to the executive sponsor for the success of the project)

Name:

Title:

Address:

City: State/Province: Zip/Postal Code:

Country:

Telephone: E-mail

Fax:

Purdue Alumni?

Yes

No
Alternate Project Liaison Contact
(This person will be sufficiently involved with the project to fill in for the primary contact as required)

Name:  
Title:  

Address:  

City:  
State/Province:  
Zip/Postal Code:  

Country:  

Telephone:  
E-mail:  
Fax:  

Purdue Alumni?
   Yes
   No