

Project Description Form

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

If you have technical difficulty with this form please contact Amy Ross, Program Coordinator, at ross11@purdue.edu.

COMPANY INFORMATION

Company Name:

Company Description:

Subsidiary Description (if applicable)

Industry:

Description of Product and/or Service:

Date Company Founded:

Number of Employees:

Annual Revenues:

Website Address:

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 | Business Strategy |
| Supply Chain and Logistics | Distributing and Retail |
| New Business Plans | Organizational Assessment and Design |
| International Expansion (China) | International Expansion (Latin America) |
| HR Systems and Processes | Marketing Research and Strategy |
| Technology Commercialization | 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