

Memorandum of Agreement Form

TECHNOLOGY ENTREPRENEUR CENTER

This Memorandum of Agreement Form is for students enrolled in the course TE 401: Developing Breakthrough Projects. NOTE: Students will not be able to begin their work until this form is received by TEC Academic Services and final approval has been given.

Student Name _____

UIN _____ **Phone Number** _____

Illinois Email _____

Current Year in School _____

Anticipated Graduation (SEMESTER & YEAR) _____

Home Department _____

Supervisor Name _____

Supervisor Email _____ **Supervisor Phone Number** _____

Day-to-day Project Supervisor Name *(if applicable)* _____

Email _____ **Phone Number** _____

Company/Project Name _____

Company/Project Address _____

Brief Description of the Project *(attach additional pages if necessary)*

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Scope and Content: Please list the scope, content, and skills to be obtained and/or sharpened during TE 401.

Which of the following leadership and/or innovative skills do you anticipate learning and/or building upon? (MUST CHECK AT LEAST 4 BOXES) You will report on your progress towards these in your midterm and final papers/projects.

- | | | |
|--|--|---|
| <input type="checkbox"/> Financing <ul style="list-style-type: none"><input type="checkbox"/> Fundraising<input type="checkbox"/> Bootstrapping<input type="checkbox"/> Grants<input type="checkbox"/> SBIR<input type="checkbox"/> Harvesting<input type="checkbox"/> Exit Strategies | <input type="checkbox"/> Operations <ul style="list-style-type: none"><input type="checkbox"/> Outsourcing<input type="checkbox"/> Manufacturing<input type="checkbox"/> Supply Chain | <input type="checkbox"/> Negotiations |
| <input type="checkbox"/> Marketing <ul style="list-style-type: none"><input type="checkbox"/> Marketing Plan<input type="checkbox"/> Competitive Strategy<input type="checkbox"/> Market Research<input type="checkbox"/> Talking to Customers<input type="checkbox"/> Validating the Idea<input type="checkbox"/> Prototyping | <input type="checkbox"/> Business plan | <input type="checkbox"/> Technology Management |
| <input type="checkbox"/> Sales <ul style="list-style-type: none"><input type="checkbox"/> Distribution<input type="checkbox"/> Sales Process<input type="checkbox"/> Closing a Deal | <input type="checkbox"/> Product Development | <input type="checkbox"/> Business Management |
| | <input type="checkbox"/> Opportunity Creation & Identification | <input type="checkbox"/> Project Management |
| | <input type="checkbox"/> Structure of a Business <ul style="list-style-type: none"><input type="checkbox"/> Legal<input type="checkbox"/> Accounting<input type="checkbox"/> HR<input type="checkbox"/> Company Formation<input type="checkbox"/> Building a Team | <input type="checkbox"/> Intellectual Property |
| | | <input type="checkbox"/> Social Impact and/or Grand Challenges |
| | | <input type="checkbox"/> Intrapreneurship |
| | | <input type="checkbox"/> Agile Startup |
| | | <input type="checkbox"/> Lean Startup |
| | | <input type="checkbox"/> Ethics |

Start date _____ **End date of participation** _____

Number of hours/week (average) that will be spent _____

Number of credit hours for TE 401 _____

Meeting schedule (as agreed upon with TE 401 supervisor) _____

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EVALUATION OF DELIVERABLES

Describe specific course deliverables in the space below. Indicate the due date, if any, and approximate percentage of the final grade.

DELIVERABLE	DATE	GRADE %
Participation/Effort (e.g. weekly meetings, teamwork, time invested)		
Work Product (e.g. prototypes, code, data, demos, documentation)		
Midterm (e.g. report, presentation, poster)		
Final (e.g. report, presentation, poster)		

SIGNATURE

I understand the expectations of my experience to be completed at the time and location noted on this agreement. The scope, content, and deliverables have been prepared in consultation with my experiential supervisor and project supervisor. I understand that the details of my experience and the deliverables may be used in publicity and recruiting by the Technology Entrepreneur Center and/or the College of Engineering.

Student Signature _____ Date _____

APPROVALS

TE 401 Supervisor Signature _____ Date _____

TE 401 Day-to-Day Supervisor Signature (if applicable) _____

Date _____

OFFICE USE ONLY

Date Received _____ Signature _____

Comments _____

PLEASE RETURN THIS FORM **AS A SINGLE PDF** TO:

351 Coordinated Science Lab
1308 W. Main St., Urbana
tec@illinois.edu