**CREATIVE LAB:** PROJECT SUBMISSION FORM

**Title of the project:**

**Name and e-mail of Project Responsible:**

**Student Name(s)/Student ID(s)/Courses involved in the Project:[1]**

|  |  |  |
| --- | --- | --- |
|  | **Start-date** | **End-date** |
| **Time Frame** | **dd/mm/yyyy** | **dd/mm/yyyy** |

**Statement of Purpose: [2]**

 *[What is already known in the field? Set the scene for your specific research and describe the problem that this project will address.]*

**Objectives and Tasks:**

*[What will be the ultimate goals of the project? Provide the main project objectives and tasks (Title only).]*

**Research Methods:**

*[Describe the Research Methods associated with each task.]*

**Specific Reagents/Consumables/Services:**

*[List the possible reagents and consumables that would be required for the execution of the project, as well as any external services needed.]*

**List of Required Equipments:**

*[Please state the list of specific equipments that will be needed.]*

[1] It will be restricted to **students from University of Aveiro (Portugal)**, whose degree is conferred by the Chemistry Department, namely Chemistry, Biochemistry, Biotechnology or Chemical Engineering.

[2] It should be **related with the main research areas** within our group, namely Bioinspired Materials, Cell and Tissue Engineering and Nano/Micro Platforms for Biomedicine. For more information about these research areas please consult: <http://compass.web.ua.pt/research-areas/>.

**This form should be completed and returned as an e-mail attachment to <****ciceco-compass@ua.pt****>. Projects can be submitted any time.**

**Timeline:**

|  |  |
| --- | --- |
|  | ***Year –***  |
|  ***Months******Tasks*** | ***January*** | ***February*** | ***March*** | ***April*** | ***May*** | ***June*** | ***July*** | ***August*** | ***September*** | ***October*** | ***November*** | ***December*** |
| ***1 –***  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***2 –***  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***3 –***  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***4 –***  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***5 -***  |  |  |  |  |  |  |  |  |  |  |  |  |

*[Please provide an estimated time-frame of the study plan; please adapt the months of the calendar.]*