

## **Clinic Completion Form**

It is the Team Leader's responsibility to have this form completed, signed off and turned in to Lorena González in Parsons 2373 no later than Friday, May 9, 2014. All three (3) signatures are required for graduation.

**CLINIC TEAM NAME:** \_\_\_\_\_

**BOX ITEM:**



LAB BOOKS:



How Many? \_\_\_\_\_

PHOTOS:



BLUEPRINTS:



NOTES:



PAPERS:



AGENDAS:



REPORTS:



FOLDERS:



BINDERS:



REF. MATERIALS:



POSTER SESSION ITEMS:



PARTS:



Brief Description \_\_\_\_\_

HARDWARE:



Brief Description \_\_\_\_\_

CD-ROMS:



How Many? \_\_\_\_\_

DISKS:



How Many? \_\_\_\_\_

TAPES:



How Many? \_\_\_\_\_

SLIDES:



How Many? \_\_\_\_\_

VIDEOS:



How Many? \_\_\_\_\_

CIRCUITRY:



Brief Description \_\_\_\_\_

OTHER:



1. I, \_\_\_\_\_ (Sam Abdelmuati), have possession of the Clinic team storage box and the contents are as listed above, and can also state that the team's work area has been cleaned, and all equipment checked out of stockroom has been returned. The equipment tracking sheet has also been completed and returned.

2. I, \_\_\_\_\_ (Faculty Advisor), can certify that my Clinic team has submitted a completed final report in acceptable form.

3. I, \_\_\_\_\_ (Lorena Gonzalez), can certify that the Final Report is located in the Charlie Clinic Folder. The team has assured and notified me that the final report, Projects Day presentation and poster are housed in their Charlie Clinic folder and are easy to locate.