

ASPIRE

Project Description Form

Rev: 07/2026

To be filled out by engineering faculty or staff mentor. Must be Typed. Attachments allowed.

Faculty/Staff Mentor Name: _____

Department: _____

Phone Number: _____ Email Address: _____

Mentor Signature: _____ Date: _____

Title of Research Project: _____

Student Name: _____

Semester/year: _____ Renewal Application?: Yes / No

Description of Project Objectives and Work to be Performed: (attach if needed)

Amount of matching funds to be provided to MTECH by mentor: \$ _____
(minimum required match is \$300 for Fall or Spring, or \$1,000 for a summer)

Matching funds to be provided from
Usource # _____ and Revenue Code # _____

Mentor's Dept. Business Director Name: _____

Email Address: _____ Phone Number: _____

Business Director Signature: _____

Submit this Form along with Student Application Form and Student Resume by email to:

Joseph Naft, jnaft@umd.edu

Maryland Technology Enterprise Institute, A. James Clark School of Engineering