Airport Cooperative Research Program
University Design Competition for Addressing Airport Needs
Design Submission Form (Appendix D)

Note: This form should be included as Appendix D in the submitted PDF of the design package. The original with signatures must be sent along with the required print copy of the design.

University _________________________________________________________________________________

List other partnering universities if appropriate: __________________________________________________

_________________________________________________________________________________________

Design Developed by: ☐ Individual Student ☐ Student Team

If individual student:
Name ____________________________________________________________________________________
Permanent Mailing Address __________________________________________________________________

_________________________________________________________________________________________
Permanent Phone Number _________________________ Email _____________________________________

If student team:
Student Team Lead: _________________________________________________________________________
Permanent Mailing Address __________________________________________________________________

_________________________________________________________________________________________
Permanent Phone Number _________________________ Email _____________________________________

Competition Design Challenge Addressed:
_________________________________________________________________________________________
_________________________________________________________________________________________

I certify that I served as the Faculty Advisor for the work presented in this Design submission and that the work was done by the student participant(s).

Signed _______________________________________________________ Date________________________

Name ____________________________________________________________________________________
University/College __________________________________________________________________________
Department(s) _____________________________________________________________________________
Street Address _____________________________________________________________________________
City_________________________ State_________ ZIP code________________________
Telephone _________________________ Fax________________________________________