

**Department of Aerospace and Mechanical Engineering**

**Estimate for Engineering Technical Support Services**

**Proposal Title:** \_\_\_\_\_

**Participating Faculty:** \_\_\_\_\_

**Project Duration:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**Estimate of technical support hours for the entire project:**

Machine shop/s: \_\_\_\_\_

Electronics shop/s: \_\_\_\_\_

Special Professional Faculty: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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Comments: