ORGANIZATION IDENTIFICATION FORM

Organizational Processes
Term Project – Final Choice for Organizations

1. Team Members (list names):

2. Organization/Company Name:

3. Industry/Primary Business:

4. Initiative to be studied (if known now):

5. Any particular function or department targeted? Yes No

5a. If yes, what is it?

6. Does someone in your group have a personal contact in the company? Yes No

6a. If yes, explain how

Please return to your Team Project Faculty Advisor