Group Profile – Fin 470

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| ID | Name | Email |
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Designated Contact Person –

ID:

Name:

Email:

Phone:

I certify that I will be representing this group of people in any form of contact necessary with the faculty, and also I will personally be responsible to pass on any information or message that the faculty passes to me any time. I also take the responsibility for the submission of any assignment and project within the deadline set by the faculty.

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(Signature of the Group Contact Person)