| **Citizen Science Project- Idea Submission Form** |
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| NAME:ROLE: **FACULTY/DEPARTMENT/SCHOOL:**  **EMAIL ADDRESS:**  **CONTACT NUMBER:**  **PROJECT NAME:** |
| Summary of your idea (500 words max) |
|  |
| How your idea will meet the KEY CRITERIA (500 words max) |
|  |

**Please email form to:** [proposals@esof2016.eu](mailto:proposals@esof2016.eu)