**2017 Student Research Case Study Challenge**

**Intention to Submit Form**

**Please enter information in the boxes below and return via e-mail to** **research@soa.org** **by Friday, March 3, 2017.**

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| **Team Name:** |  |
| **University:** |  |
| **Faculty Advisor:** |  |
| **Faculty Advisor E-mail Address:** |  |

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| --- |
| **Team Members:****Please list main student contact as first team member** |
|  |  |  |  |  |
|  | **Name** | **Year in School** | **Major** | **E-mail Address** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |