

Team Application Form

* Required

Team Name *

Name of Primary Contact *

Please provide the primary contact's first and last name.

Institution *

Please state the institution from which your team is based

Institution Type *

- Academia
- Industry
- Government
- NGO
- Non-profit
- Other:

Email Address of Primary Contact *

Are there any nearby teams that you have asked to help you? *

- Yes
- No

How many times per month would you like to meet with your mentor? *

- 1
- 2
- 3+

iGEM Region *

- Asia
- North America
- Europe
- Latin America

Africa

Number of years of iGEM experience *

How many years has your institution competed in the iGEM competition?

- 0 (Just started)
- 1
- 2
- 3
- 4
- 5
- 6+

Why would your team like to be mentored? What could you gain from being a part of the mentorship program? What do you expect to get out of the mentorship program? *

Do you have a project idea already? If so, please describe your idea. If not, is there any area of interest you would like to focus your project on? *

Submit

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