EAP Project Participation Survey

Your Name (first & last):						i:
Did you turn in an individual project	t, rather than a singl	e group pro	oject? Yes o	or No? (circ	le)	
Did you turn in your project by the	deadline for the max	ximum grad	de (Fri, Feb 2	7)? Yes or	No? (circle)	
How would you rate your contribut appropriate box for yourself and ea	•		itions, to the	project? Pu	ıt a checkmark i	n the most
Partner Name	Significantly More Work	More Work	Equal Work	Less Work	Significantly Less Work	No Work At All
Your Name:						
Partner 1:						
Partner 2:						
Partner 3:						
FAP Project Participatio	n Survev					
	-				Period	:
Your Name (first & last):		e group pro		or No?(circ		:
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Your Name (first & last): Did you turn in an individual project Did you turn in your project by the of How would you rate your contribut	t, rather than a singled deadline for the maxion, and your partners. Significantly	ximum graders contribu	de (Fri, Feb 2 utions, to the	7)? Yes or project? Pu	No? (circle) It a checkmark i	n the most
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Your Name (first & last): Did you turn in an individual project Did you turn in your project by the of How would you rate your contribut appropriate box for yourself and each Partner Name Your Name:	t, rather than a singled deadline for the maxion, and your partners. Significantly	ximum graders contribu	de (Fri, Feb 2 utions, to the	7)? Yes or project? Pu	No? (circle) It a checkmark i	n the most