Every student has to submit FIVE of these forms <u>individually</u> over the semester: ONLY PRINTED HARD COPIES SIGNED BY THE EXPERT / LIBRARIAN WOULD BE ACCEPTED. I do NOT accept Online Submissions or emails for your expert meetings. Exceptions to emails will be only in RARE cases.

j	TRE		
Date	Time		
Expert(s) you met with	Name; address; (optional: phone #, email)		
	Mention why you consider them as an expert in this field.		
Mode of	a. In person interview (highly recommended)		
communication (choose	b. Phone (Let them know that I will check with them to get additional	al	
one)	comments; I need to know their phone number as well to verify),		
	c. Email (Let them know that I will check with them to get additional		
	comments; give their email address; attach their response to your		
	submission)		
What did you describe	·		
to them about your	Meeting # You may share the following with your expert		
business?	1 SWOT, Business Model Canvas, Competitive advantage	ges	
	of your firm vs. your competing firms (labs 3, 4)	5	
	2 Excel sheet – variable and fixed cost estimates		
	3 Website/Facebook/Customer Feedback/Branding effort	ts	
	4 Excel sheet – Financial ratios (excel sheet #18)		
	5 Fully formatted business plan		
	3 Tuny formatted business plan		
What business related questions did you ask?			
What was their	What improvements did the expert(s) suggest to your business plan?		
	What improvements did the expert(s) suggest to your business plan?		
response?			
Did way ask - J1			
Did you schedule a			
Follow-up meeting			
with this expert OR			
Did you get a reference			
to another expert in			
your area?			
Signature of the			
expert(s):			

22411 OSU-A11	Your Name:	Team Name:
	Date Time	
Expert(s) you met with		
(email/phone)		
(
Mode of communication		
wide of communication		
XX71	1 . 0	
What did you share about y	your business?	
What business related ques	tions did you ask?	
What improvements/chang	es did the expert suggest?	
vvinus improvements/enuing	es ara the empert suggest.	
Follow-up meeting date/time	ie	
Signature of the expert(s):		
1 ()		
Ear any quartiers places are	staat De Cubby Vymasanan (220 207 1261. kwaarangan 1@aay adu
		330-287-1261; <u>kumarappan.1@osu.edu</u> ;
The Unio State University A	TI, 1328 Dover Road, Wooster	r, UH 44091)
		7-
Meeting #1: turned in to the	e instructor on	(date)
		(Instructor Signature)

2241T OSU-ATI	Your Name:	Team Name:
	Date Time	
Expert(s) you met with (email/phone)		
Mode of communication		
What did you share about	your business?	
What business related ques	stions did you ask?	
What improvements/chang	ges did the expert suggest?	
Follow-up meeting date/tin	ne	
Signature of the expert(s):		
* *	ntact Dr. Subbu Kumarappan (TI, 1328 Dover Road, Wooste	330-287-1261; <u>kumarappan.1@osu.edu;</u> r, OH 44691)
Meeting #2: turned in to th	e instructor on	(date)
		(Instructor Signature)

22411 OSU-A11	Your Name:	Team Name:
	Date Time	
Expert(s) you met with		
(email/phone)		
- · · · · · · · · · · · · · · · · · · ·		
Mode of communication		
What did you share about	vour business?	
•	,	
What business related ques	tions did you ask?	
1	, and an an 3 and an	
What improvements/chang	es did the expert suggest?	
vv nuc improvements, enung	es ara the expert suggest.	
Follow-up meeting date/tim	ne	
Signature of the expert(s):		
• • •		330-287-1261; <u>kumarappan.1@osu.edu</u> ;
The Ohio State University A	TI, 1328 Dover Road, Wooste	r, OH 44691)
Meeting #3: turned in to th	e instructor on	(date)
		(Instructor Signature)

2241T OSU-ATI	Your Name:	Team Name:
	Date Time	
Expert(s) you met with (email/phone)		
Mode of communication		
What did you share about	your business?	
What business related ques	stions did you ask?	
What improvements/chang	res did the expert suggest?	
, ,	on the conference and account	
Follow-up meeting date/tin	ne	
Signature of the expert(s):		
* *	ntact Dr. Subbu Kumarappan (TI, 1328 Dover Road, Wooste	330-287-1261; <u>kumarappan.1@osu.edu;</u> r, OH 44691)
Meeting #4: turned in to th	e instructor on	(date)
		(Instructor Signature)

2241T OSU-ATI	Your Name:	Team Name:
	Date Time	
Expert(s) you met with (email/phone)		
Mode of communication		
What did you share about	your business?	
What business related ques	stions did you ask?	
What improvements/chang	es did the expert suggest?	
Follow-up meeting date/tin	ne e	
Signature of the expert(s):		
* *	ntact Dr. Subbu Kumarappan (TI, 1328 Dover Road, Wooste	330-287-1261; <u>kumarappan.1@osu.edu;</u> r, OH 44691)
Meeting #5: turned in to th	e instructor on	(date)
		(Instructor Signature)