



great idea

Submission Form

**PLEASE SEND YOUR COMPLETED FORM TO:
THAT'S A GREAT IDEA – GILMOUR HALL B107**

Name _____ Email _____

Department/Faculty/Other _____ Phone _____

Idea title:

What is your idea? (How does it work? Who does it impact? What are the benefits?)

Impact of idea (select all that apply)

- Efficiency
- Quality of Service
- Effectiveness
- Capacity Creation
- Other: _____

More information

Please include/attach any other necessary information related to your idea submission.



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