

Registration Form for Project Work

Robotics and Navigation in Medicine

Your name: _____

1. At what time slots you can be available to work in the lab on a regular basis? Choose at least two first preferences and mark them with an 'A'. Also please choose at least one second choice and mark it with a 'B'.

Monday Tuesday Wednesday Thursday

2. Rate your current proficiency in the fields for which prior knowledge is recommended for this course (0=no familiarity, 5=able to apply knowledge and explain to others):

Linear algebra	0	1	2	3	4	5
Java programming skills	0	1	2	3	4	5
C programming skills	0	1	2	3	4	5
C++ programming skills	0	1	2	3	4	5
Python programming skills	0	1	2	3	4	5
MATLAB programming skills	0	1	2	3	4	5
R programming skills	0	1	2	3	4	5

3. Do you have some prior knowledge regarding some of the topics covered in this course/project? (0=no familiarity, 5=able to apply knowledge and explain to others)

Robot kinematics	0	1	2	3	4	5
Robot navigation	0	1	2	3	4	5
Calibration	0	1	2	3	4	5
3D computer vision	0	1	2	3	4	5
Image processing	0	1	2	3	4	5
Experience using ROS	0	1	2	3	4	5

4. What do you expect from the project?

5. Which of the parts of the project work are you most interested in and why?

6. Where do you see the major challenges?

7. Would you like to be grouped together with any of your fellow students? (At most one preferred person can be considered. Please coordinate in advance so that you name each other.)