Name of Student: ___________________________ Student # ________________________________

Title of Project: ________________________________

Name (s) of Supervisor(s): ________________________________

Name(s) of Co-Supervisor(s): ________________________________

- Evaluation of Project Report forms sent to supervisory committee? [ ]
  a) Forwarded to the Associate Head (Graduate) Date: _________________________
  b) Forwarded to Department Date: _________________________

- Is the student currently registered? [ ]

- Has the student completed all requirements? [ ]
  Course work – 21 hours
  Project Research (CS 902 or CS 901 – 9 hours)
  Seminar 1
  Seminar 2

- Project Defense Date Set: ________________________________

- Notice of Oral Defense of Project [ ]

- Notice of Oral Defense forwarded to:__
  (a) All committee members Date: ___________________________
  (b) Grad Studies Date: ________________________________
     (min of 5 days prior to oral exam)

- Revised Project Report submitted to Department Date: ___________________________

- Memo of completion of program requirements sent to FGSR Date: ____________________