This section to be completed by the student

Name of Student: ___________________________ Student # ______________________________________________

Title of Project: ________________________________________________________________________________

Name(s) of Supervisor(s): ________________________________________________________________________

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

This section to be completed by the CS Department Office

I, the undersigned member of the above named student’s supervisory committee, have read this draft of the project report and find that it is acceptable for defense.

Committee Member:

________________________________________________________  __________________________
Committee Member Name & Signature  Date

Associate Head (Graduate) (or designate*)

________________________________________________________  __________________________
Associate Head (Graduate) Name & Signature  Date

*If a member of the student’s examining committee, a designate must be named and identified as such in approving this form.