EVALUATION OF PROJECT REPORT (SUPERVISOR)

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 supervisor of the above named student, have read this draft of the project report and find that it is acceptable for defense.

Supervisor:

_________________________________________________________ ________________________________
Supervisor 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.