

EVALUATION OF PROJECT REPORT (COMMITTEE)

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.