

## EVALUATION OF PROJECT REPORT (SUPERVISOR)

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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): \_\_\_\_\_

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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.