

School of Computing Year 4 Project Proposal Form

SECTION A – To be completed by student

Project Title _____

Number of Students _____

Student 1

Name _____

ID Number _____ Stream _____

Student 2

Name _____

ID Number _____ Stream _____

Staff Member Consulted _____

Must be same person as in section B

Project Description Please attached separate page(s)

SECTION B – To be completed by supervisor

I approve this project and agree to act as supervisor for the above student(s)

Name _____

Signature _____

Date _____

SECTION C – To be completed by Year 4 project coordinator

Date Received _____

Verified Supervisor Signature YES NO

School Review Panel Approved YES NO

Project Ref. No.

Please return form to project coordinator Dr. Geoff Hamilton