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