

COMP477 BCMS PROJECT SELECTION FORM

Department of Computer Science

I have talked to the following members of staff about the projects they are offering to supervise:

1: _____ 2: _____

3: _____ 4: _____

5: _____ 6: _____

*You must talk to at least three staff members and get them to confirm that you have done so by signing above.
(Staff: Please sign legibly, or print and initial.)*

I have been selected to do the following project (*please print clearly*):

PROJECT TITLE:

LAB/MACHINE:

CLASS SCHEDULE TO FOLLOW (A or B Semester):

SUPERVISOR NAME:

SUPERVISOR SIGNATURE:

(Supervisor: Please do not complete unless the student has consulted with at least two other staff members.)

To complete the project selection process, I will hand in this form, signed by my supervisor, to the Department office by:

2015 Semester A start

Friday, 14 November 2014

2015 Semester B start

Friday, 17 April 2015

STUDENT NAME:

STUDENT ID NUMBER:

STUDENT USERNAME:

STUDENT SIGNATURE:

*Once completed, please hand this form in to the
Computer Science Office (G.1.21)*