

C.A.S. Final Thesis Project Registration (CS4ZP6)

Project Title: _____

<p align="center"><i>Participants</i></p> <p align="center">(please print)</p>	
CAS faculty supervisor:	Student name:
	Student number:
	Student name:
	Student number:
CAS faculty examiner or co-supervisor	Student name:
	Student number:
	Student name:
	Student number:
External Project Member (optional) ¹	Address:
Name:	
Organization:	Phone Number:
Role in project:	email:

Project Description (brief):
Will any special hardware or any commercial software licenses be required? If so please identify the owner (name and address) of the hardware and / or software licenses.

1 If there is more than one, please include the same information for the additional participants on a separate sheet.

License to McMaster University

This Project Report will be written by:

_____ [student 1 full name] _____ [student 2 full name]

_____ [student 3 full name] _____ [student 4 full name]

for undergraduate course number CS4ZP6 at McMaster University under the supervision and direction of:

_____ [CAS supervisor full name] _____ [optional CAS co-supervisor name]

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_____ [student 1 signature] _____ [student 2 signature]

_____ [student 3 signature] _____ [student 4 signature]

_____ [witness supervisor signature] _____ [witness date]