MONTCLAIR STATE UNIVERSITY
DEPARTMENT OF COMPUTER SCIENCE

APPROVAL FOR PURSUING A MASTER'S PROJECT
and COMMITTEE MEMBERSHIP

The following student is approved to register for the Master's Project course.

Student Name: <u>Christopher Loeschorn</u>
 CWID # <u>10539962</u>

Semester: <u>Spring</u> Year: 2013 Section No. <u>CMPT 697</u> Semester Hours: <u>3</u>

Student _____ _____
(sign) (date)

Project Sponsor _____ _____ _____
(type or print) (sign) (date)

Graduate Program _____ _____ _____
Coordinator (type or print) (sign) (date)

Committee Member _____ _____ _____
(type or print) (sign) (date)

Committee Member _____ _____ _____
(type or print) (sign) (date)

Title of Project _____
          (Attach Signed Course Registration and Project Proposal to this Form)

(Sample Project Signature Page)
MONTCLAIR STATE UNIVERSITY

(title of Project)
by
(name of student)

A Master's Project Submitted to the Faculty of
Montclair State University
In Partial Fulfillment of the Culminating Experience For the Degree of
Master of Science in Computer Science

(insert date degree is to be conferred- e.g. May 2012)*

College of Science and Mathematics, Department of Computer Science

The above project was presented on (insert date)   _____

Was IRB review needed (check one)   Yes   No

If IRB was needed, provide the IRB Approval date and Protocol Number: _____

The Project Committee attended the project presentation, read the project report and verifies that the project can be accepted as a culminating experience in accordance with the departmental and university guidelines.

_____ _____
(date)(Project sponsor signs on line; type name under signature)
Project Sponsor

_____ _____
(date) (Committee member signs on line; type name under signature)
Committee Member

_____ _____
(date) (Committee member signs on line; type name under signature)
Committee Member