**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester \_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ Section No. \_\_\_\_\_\_\_\_ Semester Hours \_\_\_\_\_\_

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