

University at Buffalo
Department of Computer Science and Engineering

Supervised Research Form

Student Name: _____ Person No.: _____
(Please print)

MS: _____ PhD: _____ (place X next to your program level)

Semester: Fall _____ Spring _____ Summer _____
(Year) (Year) (Year)

Title of Supervised Research: _____

Faculty Member Supervising: _____

Course Number: _____ Credit Hours: _____

Description of Supervised Research:

Student Signature: _____ / _____
(Signature) (Please Print)

Faculty Signature: _____ / _____
(Signature) (Please Print)

Director of Graduate Studies or

Chairman Signature: _____ / Dr. Dimitrios Koutsonikolas
(Signature) (Please Print)