Project						
Project Number	Description	Ending Date	Date	Budget	SSN*	

Professor						
SSN	First Name	Last Name	Email Address	Department Number*	Workig Hours	

Graduate Student						
Student Number	First Name	Last Name	Email Address	Birthdate	Degree Type	SSN*

Department			
Department Number	Buildig Code	Main Offce Number	Name

Major	
Student Number*	Department Number*

Minor	
Student Number*	Department Number*