

MS-HCI PROJECT (CS 8902) PERMIT FORM

Instructions:

This form is for students enrolled in the Master of Science in Human-Computer Interaction (MS-HCI) Program who choose the **project option**. This is NOT the MS Special Problems (8903) Form. The semester prior to undertaking the project, the student must find a faculty member willing to supervise the project and develop a project proposal. Complete this form in consultation with the IC faculty member who will be responsible for supervising your project and assigning your grade. Bring the completed form to the School of Interactive Computing Graduate Programs Office in TSRB 224. You will automatically receive an email when your permit is entered.

Student Name (please print):	
GT ID Number:	Email:
Academic Term: ☐ Fall ☐ Spring ☐ Se	ummer Year: 20
Credit Hours : Be sure to check credit he default is one hour of credit. You must change the register. <i>NOTE</i> : <u>Each credit hour must represent A</u>	ours for proper registration amount. Variable hour courses' hours in OSCAR to the proper credit total at the time you AT LEAST 50-60 hours of work by the student.
Project Title: (please print) (ATTACH	
(ATTACH	I PROJECT PROPOSAL TO THIS FORM)
The project proposal should be about 2 or 3 pa	ages and should include the following:
 Problem Statement or Project Goals Solution Proposal or Approach Schedule of Work Expected Results or Outcome (Deliver) 	ables)
The attached proposal was developed under the adv work I expect to accomplish to complete this projec	visement of a faculty member and is a fair representation of the et.
Student's Signature:	Date:
NOTE: It is your responsibility to register for the c system. The act of being approved for the course b	course after the permit has been placed on the registration by the faculty member does not register you in the course.
Supervising Faculty Member: I agree to supervise this student in the performance the proposed work represents an appropriate effort NOTE: Each credit hour must represent AT LEAST	e of a Masters project during the specified term, and certify that for the credit hours awarded. Γ 50-60 hours of work by the student.
Name (please print)	
Signature	Date:
MSHCI Coordinator Approval:	Date: