

# First Year Project (FYP) Proposal Cover Sheet

Student Name: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_



Tentative Title of FYP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Due Date: December 1st, Winter Quarter**

**Please attach a draft of your FYP to this form.**

Advisor: \_\_\_\_\_  
Printed Name Signature

Student Services Manager: \_\_\_\_\_  
Printed Name Signature

Signature of Student:   \_\_\_\_\_  
Signature Date

FYP Due Date: June 1<sup>st</sup> of the first year.