DEPARTMENT OF COMPUTER SCIENCE

OVERRIDE FORM FOR COSC PROJECT COURSES (APCO 2P99/COSC 3P99/COSC 4F90)

Student Name: Student #:

Student Email: Date:

Course # (e.g., COSC 3P99) Start Date

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Project Title:

Additional comments (to be filled out by the Supervisor):

Supervisor’s signature: Date:

Entered by:

Date:

Comments: