## MPhil in Advanced Computer Science and Part III

## Project Resources Form

Please fill in Part 1 of this form and attach to the back of your Project Proposal.

GEO Date Received:

| rail i   |                                       |  |   |  |
|--|---------------------------------------|--|---|--|
| A. Centrally managed Computer Lab res  | search machines                       | Surname:   |   |  |
| If your project supervisor has agreed for you to use a Computer Laboratory research machine, please let us know the name of the machine, otherwise write "Not applicable". |                                       | - Camamo.  |   |  |
|  |                                       | First name:  |   |  |
| Names of Unix machines   |                                       | Course   |   |  |
| Names of Windows machines  |                                       | CRSID:   |   |  |
| Unix Group membership required   |                                       | College:   |   |  |
| Special requirements (Supervisor to advise) to include filestore if in excess of   |                                       | Supervisor:  | our own Computer  |  |
| current allocation   |                                       |  | use my own computer   |  |
| Signature from machine owner:  | Print name:                           |  |   |  |
| B. Specialist resources  |                                       | The computer for my project  |   |  |
| This section is for anything that is not covered anywher hardware or software or unmanaged machines belongir we need to know who has accepted responsibility for pr        | ng to a research group. For each item | following config<br>(e.g. 3 GHz CF<br>300 Gb Disk, L   | PU, 4 Gb RAM,   |  |
| I require specialist resources (tick applicable)  Item description   | ☐ Yes ☐ No                            | have ma  | full responsibility for this machine and I<br>ade contingency plans to protect myself<br>hardware and/or software failure |  |
|  | Signature of Supervisor or Provider   | agamot   | Taraware arrayer continued failure  |  |
|  |                                       | D. Studies   | with Human Participants   |  |
|  | Print name                            |  | nvolves surveys, user studies, observation then please tick the box below and refer                                       |  |
| Item description   |                                       |  | e at http://www.cl.cam.ac.uk/local/policy/  |  |
|  | Signature of Supervisor or Provider   | My proje   | My project involves human participants.   |  |
|  | Print name                            | ☐ I have s   | ubmitted an ethics review form.   |  |
|  |                                       |  |   |  |
| Item description   |                                       | E. Declarat  | tion  |  |
|  | Signature of Supervisor or Provider   | To the best of my knowledge and belief, I have declared all of the resources I will need for completion of my project. |   |  |
|  | Print name                            | Your signatu   | Your signature  |  |
|  |                                       |  |   |  |
|  |                                       |  | Print Form  |  |
|  |                                       |  | <del></del>   |  |

Ethics Cttee

No Action

SysAdm