

University at Buffalo
Department of Computer Science and Engineering

Master's Project Form

Student Name: _____
(Please print)

Semester: Fall _____ Spring _____ Summer _____
(Year) (Year) (Year)

Title of Master's Project: _____

Faculty Member Supervising: _____
(Please print)

Course Number: _____ Credit Hours: _____

Grading Scheme: Letter ___ or S/U ___

Description of Master's Project:

Student Signature: _____ / _____
(Signature) (Please Print)

Faculty Signature: _____ / _____
(Signature) (Please Print)

Director of Graduate
Studies Signature: _____ / Dr. Murat Demirbas
(Signature) (Please Print)