UNIVERSITY OF MASSACHUSETTS DARTMOUTH

COLLEGE OF ENGINEERING

Department of Computer and Information Science

Project Acceptance (CIS 600)

Student Name: _____ SID: _____

Project Title: _____

_____

Date of Presentation: _____

Project Advisor: _____

Reader 1:   _____

Reader 2:   _____

Approvals:

The undersigned agree that the Project completed by the student satisfies the requirements of CIS 600 MS Project for the MS Degree in Computer Science at the University of Massachusetts Dartmouth.

Signatures:

Advisor: _____ Date: _____

Reader 1: _____ Date: _____

Reader 2: _____ Date: _____

Note: The advisor should only sign the form after the two project readers' names are provided.