

UNIVERSITY OF MASSAHUSETTS DARTMOUTH
COLLEGE OF ENGINEERING

Department of Computer and Information Science
Project Acceptance (CIS 600)

Student Name: _____ SID: _____

Project Title: _____

Date of Presentation: _____

Project Supervisor: _____

Reader 1: _____

Reader 2: _____

Approvals:

The undersigned agree that the Project completed by the student satisfies the requirement 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: _____