

Date

Project

Thesis

MSE Computer Science Qualifying Project Agreement Form

Student Name: _____

Project/Thesis Supervisor Name: _____

Start Date: _____

Proposed Approximate Completion Date: _____

Proposed Title: _____

Proposed Topic (paragraph):

Proposed Milestones/Goals:

Project/Thesis Supervisor Comments:

Paid Unpaid

If paid, detail weekly/hourly compensation and duration

Student Signature: _____

Supervisor Signature: _____

Instructions: Students should fill this form out in consultation with the project supervisor and email it to Revelie Williams rniles3@jhu.edu, CC'ing the project supervisor as well as primary advisor(s), if different. Digital or physical signatures are acceptable.