

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

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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](mailto:rniles3@jhu.edu), CC'ing the project supervisor as well as primary advisor(s), if different. Digital or physical signatures are acceptable.*