

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: The student should fill this form out in consultation with their project supervisor and either bring it in-person or email it to [Revelie Niles](#), CCing their project supervisor as well as primary advisor(s), if different. Digital or physical signatures are acceptable.