

University at Buffalo
Department of Computer Science and Engineering

Master's Project Form

Student Name: _____ Person No.: _____

Semester: Fall _____ Spring _____ Summer _____
(Year) (Year) (Year)

Title of Master's Project: _____

Faculty Member Supervising: _____
(Please print)

Course Number: _____ Credit Hours: _____
(i.e. CSE 611)

Grading Scheme: Letter ___ or S/U ___

Description of Master's Project:

Student Signature:

Date:

Faculty Signature:

Date: