RIT Department of Computer Engineering
Thesis/Project Declaration Form

_Students should complete this form by consulting with Thesis/Project advisor._

Student's Name: ___________________________ UID: ______________________

Academic Term: ____________       Current Year Level: ________________

MS Option (Check One):  Thesis ______       Project ______

Faculty Advisor: _______________________________________________________

Thesis Committee Members (if applicable): ________________________________
                                              ________________________________

Thesis/Project Tentative Title (details in the second page):

_____________________________________________________________________

Expected Graduation Term: ________________________________

_by signing below, the student and the faculty advisor agree to declare the MS option and complete the project/thesis plan as described in the second page._

Student: ________________________________ Date: _________________________

Faculty Advisor: __________________________ Date: ________________________

Department Head: _________________________ Date: _______________________
Student: ____________________________ Advisor: ____________________________

Thesis/Project Tentative Title:

__________________________________________________________________________________________

Brief Description of Expected Tasks and Thesis Outcome/Project Deliverables:

__________________________________________________________________________________________

__________________________________________________________________________________________

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Academic Terms

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