Computer Science 4th Year Project Registration

NAME of undergraduate: . . . .

COLLEGE: . . . .

TITLE of project: . . . .

This project * is / *is not on the list of those already approved.
(*Please delete if not applicable)

It requires no resources beyond those normally made available by the Laboratory.

NAME of supervisor: . . . .

SIGNATURE of supervisor: . . . .
(leave blank if no supervisor has been identified)

SIGNATURE of undergraduate: . . . .

DATE: . . . .

If you cannot find a supervisor please indicate at least three project titles from the list (from at least two different possible supervisors), which you are interested in (you should have or are doing the stated prerequisites).

Title of Project you are interested in:
1
2
3
4
5

Forms should be returned by Wednesday of week 9 of Hilary term in the third year.

When completed, this form should be returned to Ms. Jo Leggett at the Computing Laboratory, Wolfson Building, Parks Road. **Proposals for projects not on the list of those already approved should be accompanied by a description adequate for the committee to assess its suitability**. Confirmation of allocation will be made to the undergraduate, the college, and the supervisor.