

Carleton School of Information Technology

ITEC-5905, MNET Project

Registration Form

Study

Title:

Starting Term:

Student

Name:

ID:

Signature:

Date:

Project Supervisor

Name:

Project Outline is attached with description, schedule of tasks, and deliverables.

Signature:

Date:

Academic Advisor

Name:

I approve this project as an appropriate subject for the student.

Signature:

Date:

Approval Authority

Name:

Title:

Associate Director (default authority)

Director (if one of instructor or supervisor/advisor is the Associate Director)

I approve this project.

Signature:

Date:

Graduate Administrator

Name:

I have allowed the student to register.

Signature:

Date: