

Carleton School of Information Technology
ITEC-5905, MNET Project
Registration Form

Study

Title: _____

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 study 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: _____