

Chester F. Carlson Center for Imaging Science
Senior Project Form

Student's Name: _____, ID# _____

Department: _____, Faculty Sponsor: _____

Course #: _____, Title of Proposal: _____

Credit Hours: _____ Fall: _____ Spring: _____ Summer: _____

Objectives:

Description of Proposal:

Methods of Evaluation:

Signature of Student: _____, Date: _____

Approval Faculty/Sponsor: _____
Name and Signature

Committee Approval: _____
