

RIT Chester F. Carlson Center for Imaging Science

Senior Project Final Review

Student:

Senior Project Title:

Adviser:

Date of review:

We, the undersigned, verify that the student named above has completed a senior project.

The following represent any concerns or additional activities that the committee requires to be addressed prior to final certification of completion of the project. The adviser's signature will indicate that these have been addressed:

Committee:

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, Adviser

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, Committee Member

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, Committee Member

Please submit form to Imaging Science Undergraduate Program Director