

RIT Chester F. Carlson Center for Imaging Science

Senior Project Mid-Course Review

Student:

Senior Project Title:

Adviser:

Date of review:

We, the undersigned, verify that the student named above has completed a senior project mid-course review.

The following represent any concerns that the committee has at this time:

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