

Chester F. Carlson Center for Imaging Science\*  
Senior Project Approval Form

	Name	Email
Student		
Primary Advisor		
Committee members		

Project title	
Project description	
Anticipated project outcomes/deliverables	

	Date
Student signature	
Advisor signature	
Program approval	

\*please submit the completed form as a PDF email attachment to Jim Ferwerda, the CIS undergraduate program coordinator at [jaf@cis.rit.edu](mailto:jaf@cis.rit.edu) for Program approval