

Mathematics & Computer Science 4th Year Project Registration

NAME of undergraduate:

COLLEGE:

TITLE of project:

This project * is / *is not on the list of those already approved.

(*Please delete if not applicable)

It requires no resources beyond those normally made available by the Department.

NAME of supervisor:

SIGNATURE of supervisor:

(if no supervisor has been identified leave blank)

SIGNATURE of undergraduate:

DATE:

If you cannot find a supervisor please indicate at least three project titles from the list (from at least two different possible supervisors), which you are interested in (you should have, or are doing, the stated prerequisites).

Title of Project you are interested in:
1
2
3
4

Forms should be returned by **Friday of week 3 of Trinity Term** in your 3rd Year

When completed, this form should be returned to Brenda Deeley at the Department of Computer Science, Wolfson Building, Parks Road. **Proposals for projects not on the list of those already approved should be accompanied by a description adequate for the committee to assess its suitability.** Confirmation of allocation will be made to the undergraduate, the college, and the supervisor.