

897 COURSE APPROVAL FORM

PROJECT'S TITLE: _____

STUDENT LAST NAME: _____

STUDENT FIRST NAME: _____

THESIS ADVISOR NAME: _____

THESIS ADVISOR SIGNATURE: _____

ABSTRACT OF YOUR PROJECT:

Please return this form to electrical and computer engineering graduate coordinator, Dr. Hamid Mahmoodi after you have completed it and it is signed by your project/thesis advisor.