Department of Computer Science and Engineering

M.S. Graduate Program
Project Presentation and Exam
Final Report Form

Name: _______________________________.  PID#: ______________________________.

Area of Concentration: ___________________.  Quarter of Exam: ________________.

Exam & Presentation Date: _____________.  Quarter of Graduation: _____________.

CSE 293 Project (4 units minimum) course completion:

☐ Currently enrolled in CSE 293  ☐ Completed CSE 293 ______ quarter _____year

Faculty Name (supervising CSE 293 project): ____________________________________.

Project Title: ____________________________________________________________________.

Project Advisor: Approval of Report

Final Report Approved  Date Approved  Faculty Advisor Signature
(Yes/No)  _______________  _______________  __________________________

*Faculty Advisor signature refers to faculty supervising project completed for CSE 293.

*Students are required to bring a minimum of 6 copies of the presentation slides to the exam.

For Project Presentation and Oral Exam Policies, please refer to:

http://www-cse.ucsd.edu/graduate-education/advising/exams.html