MS-HCI Project Proposal Approval Form & PERMIT 6998

This form is for students enrolled in the Master of Science in Human-Computer Interaction (MS-HCI) Program. The semester prior to undertaking the project, the student must find a faculty member willing to supervise the project and develop a project proposal. Complete this form in consultation with the faculty member who will be responsible for supervising your project and assigning your grade. The faculty member should sign in both signature areas. Bring the completed form and a copy of your project proposal to Jessica Celestine in TSRB Room 224.

The proposal should include the following and may include other components according to your project needs:

- Introduction/Background
- Potential Solution
- Expected Methodology
- Expected Resources
- Schedule of Work

The attached proposal was developed under the advisement of a faculty member and is a fair representation of the work I expect to accomplish to complete the MS-HCI Project.

Student Name (please print): _______________________________________________________

GT ID Number: ___________________________ E-mail: ________________________________

Semester: □ Spring □ Fall Year: 20_____

School: □ CS □ ID □ PSYCH □ LMC

Project Title: _______________________________________________________ Credit Hours: _____

Student's Signature: ____________________________________________ Date: _______________

Faculty Approval for Project Supervision:

I agree to supervise this student in the performance of a Masters project during the specified term.

Faculty Advisor (please print): ____________________________________________________

Signature: ____________________________________________ Date: ____________________

MS-HCI PROJECT PERMIT – 6998 CS/ ID/ LMC/ PSYC

Faculty Approval for Project Credits:

I agree to be the assigned faculty member for 6998 project credits during the specified term, and certify that the proposed work represents an appropriate effort for the credit hours awarded. Each credit hour must represent AT LEAST 50-60 hours of work by the student.

Faculty Advisor (please print): ____________________________________________________

Signature: ________________________________ Date: ____________________