

Department of Computer Science and Engineering

Master of Cyber Security Project Evaluation Form

UID: _____ NAME: _____ DATE: _____

Project Title: _____

Project Documentation Satisfactory Unsatisfactory

Oral Presentation Satisfactory Unsatisfactory

Recommend for Master of Science in Cyber Security

Project Faculty Advisor: _____
Printed Name

Signature Date

Committee Member: _____
Printed Name

Signature Date

Approved

Denied

Computer Science and Engineering Department Chair: _____
Signature Date