Campus Address:

First Name:
Last Name:
Illinois Tech Student ID Number:
Period of StayStart Date (MM/DD/YY)   End Date (MM/DD/YY)
Degree program, field with specialization if/where applicable (e.g., M.S. without thesis Ñ Electrical Engineering Ñ specialization in IoT):

Type of Project (Please check one:)

☐ Final year of research project, etc. Project duration over how many semesters:

(e.g., 4.5 months full-time AND number of hours)

Project course number at Illinois Tech (e.g., xxx594 or xxx597)

Project credits

Name of faculty on the presentation evaluation committee, if applicable:
Name and position of research project adviser/supervisor: Signature: Date:(MM/DD/YY)
Name and position of faculty member: Signature: Date: (MM/DD/YY)
Name and position of faculty member: Signature: Date: (MM/DD/YY)

RESEARCH PROJECT APPROVAL
To: (name)
I/We have received and reviewed your final year research project submitted on this date   entitled:
Research project supervisor/adviserÕs assessment(please circle one):

Motivation   Excellent

Name:	Signature:
Name:	Signature:
Name:	Signature:
Name:	Signature:

IPIIT-9-01-2023