Cybersecurity
Master's Project

CIS 693 _____
(Semester)

Student Information

Name: _____
　　　　　(Last Name)　　　　　　　　　　(First Name)　　　　　　　　　　(Initial)

Address: _____
　　　　　　(Street/House #/Apt. #)　　　　　　(City)　　　(State)　　(Zip Code)

Phone Number: _____　G-Number: _____

Project Information

Title:_____

I realize I have three responsibilities during CIS 693: (1) I will complete the project work, (2) I will complete a written report, and (3) I will prepare and deliver a presentation. CIS 693 is not considered complete until all three components are satisfactorily finished. Written reports must be a minimum of 2 pages in length (not including cover page and table of contents).

Student Signature:_____Date:___/___/____

Photo Release

I give permission to GVSU to use, without charge and without reservation, my likeness in any medium and for any lawful purpose, including promoting the institution, its programs and services. I waive any rights of action I may have and release GVSU and its licensees from any and all claims I may have arising from use of my likeness, including any right to sue for defamation or violation of my right of privacy or publicity.

Student Signature: _____ Date: ___/___/____

Scholarworks Agreement

I agree to complete the Scholarworks agreement with my thesis advisor and submit it to cis@gvsu.edu upon the presentation date.

Student Signature: _____ Date: ___/___/____

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Project Approval Signatures for CIS 693 Permit

Advisor Printed Name: _____

Advisor: _____ Date: ___/___/____

Graduate Director: _____ Date: ___/___/____

School Director: _____ Date: ___/___/____

Project Completion Signatures

Advisor: _____ Date: ___/___/____

Graduate Director: _____ Date: ___/___/____

School Director: _____ Date: ___/___/____