

**University of Nebraska at Omaha
Department of Mathematics**

Master of Science Project Completion Form

This form should be completed after project presentation and project report has been approved by advisors.

Student Name: _____

Student NUID Number: _____

Faculty Advisor: _____

External Advisor

Name: _____

Organization: _____

Position: _____

Phone: _____

E-Mail: _____

Project Title: _____

Project Presentation Date and Location: _____

Was this project completed under a Non Disclosure Agreement? Yes No

The undersigned approve of the submitted project report being sufficient to partial satisfy the requirements of an MS Mathematics degree in that it is sufficient for 6 hours of Project Course credit.

Faculty Advisor: _____ Date: _____

External Advisor: _____ Date: _____

Completed form must be submitted to Mathematics Graduate Program Chair along with an electronic copy of the final project report.

Approved

Graduate Program Chair Signature: _____

Date: _____