

**Poster Approval Form - CSEE Research Review 2013**

*Please return completed form to Dr. Alan Sherman's mailbox in the ITE 325 Suite. This form is required in addition to submitting the abstract via EasyChair.*

***Student Information***

Student Name: \_\_\_\_\_

Degree Program (circle one):      CS      CE      EE      Cyber      Other: \_\_\_\_\_

Degree Sought (circle one):      BS      MS      MPS      PhD

Research Lab: \_\_\_\_\_

Title of Research Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Abstract: *Please attach.*

***Advisor Information***

Advisor Name: \_\_\_\_\_

Co-Advisor Name (if any): \_\_\_\_\_

*I have read and approved the attached abstract (circle one):*                      yes      no

\_\_\_\_\_

signature of advisor