



**OPERATIONS RESEARCH
GRADUATE PROGRAM**

Graduate Student Project/Study Contract

You should complete this form to your supervising faculty member's satisfaction at the beginning of the respective semester and both you and your supervising faculty member must sign and date it for the following courses:

OR 610

OR 693

OR 695

OR 810

OR 893

OR 895

APPROVAL

Professor Signature

Date

Student Signature

Date

Student Name _____ ID# _____

Course # _____ Semester _____

Proposed Credit Hours _____ Responsible Faculty _____

Title of Project _____

Brief Abstract of Proposed Effort and Statement of Objectives

Criteria of Performance (Projection of "products" to be submitted and graded)

Project Time Schedule and Milestones