

**Carnegie Mellon University
Information Networking Institute**

PROJECT PROPOSAL

**SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF**

Master of Science in Information Networking (MSIN)

Project Title: _____

Project Members: _____

Faculty Advisor 1: _____

Print Name

CMU Dept/Company

E-mail

Address

Signature

Date

Faculty Advisor 2: _____

Print Name

CMU Dept/Company

E-mail

Address

Signature

Date

Reader: _____

Print Name

CMU Dept/Company

E-mail

Address

Signature

Date

INI Graduate Programs

Academic Advisor: _____

Print Name

Signature

Date