



## DEPARTMENT OF COMPUTER SCIENCE

**Override Form for COSC Project Courses  
(APCO 2P99/COSC 3P99/COSC 4F90)**

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

Student #: \_\_\_\_\_

Student Email: \_\_\_\_\_

Date: \_\_\_\_\_

Course # (e.g., COSC 3P99)	Start Date

Project Title: \_\_\_\_\_

Additional comments (to be filled out by the Supervisor):

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Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Entered by: _____	Date: _____
Comments:	