

PROGRAM PRODUCT REQUIREMENT

Name:	PID#:	Date:
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_____ **COMP 523 (145) or equivalent**

Approved _____
Advisor

_____ **Alternative**

Name of product:

Done for (person or company):

Size of project team:

Size of product:

Description of product:

Description of my contribution:

Sample code and documentation must be attached. They will be returned.

Approved _____
Advisor

Faculty member