

Advisor Form

Fifth Year Master's Program

School of Computer Science
Carnegie Mellon University
c/o Tracy Farbacher
7117 GHC
5000 Forbes Avenue
Pittsburgh, PA 15213
412.268.8824

Advisor Name _____

E-mail Address _____

Student Name _____

Have you discussed funding with the student? [YES / NO]

I plan to provide the following level of funding: [FULL / PARTIAL / NONE]

Student Research Area or Project: _____

Please attach a letter of recommendation for the above named student.