

## Advisor Form

## Fifth Year Master's Program

---

School of Computer Science  
Carnegie Mellon University  
c/o Tracy Farbacher  
6205 Gates  
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.