<b>CULMINATION PROJ</b>	ECT AGREEMENT		
Submit signed copy to your ENT 4499 Professor			
1. Student Name: DLEG LIGAY			
2. Phone number: 808 597 7289 3. Email: oleg. ligay @ mail. citytech.cuny. edy; ligayoleg @g mail.com			
5. Title of the project.	mail. Cityteen. Cui	19. Early 19ugoley w Januar 1.	ω, ,
REGISTRATION HELDER			
	, , , , , , , , , , , , , , , , , , ,		
6. This Agreement is			
Student's name: 00			6
Faculty advisor:A			
Technical advisor:	ADAM WILSON		
awarded in retudescribed in this cost total and cos	other parameters as noted. Let with the technical adviser project. Itain the agreed-upon plan and as. Failure to submit the complete will result in failure of ENT 4 to both your advisor and technyolich will include the following description as Deliverables to calendar and Resources as noted to the contents of the con	s. It is agreed that all work ed as scheduled and within the at least 3 times throughout the d schedule may result in ete project and report by the 499 nical advisor with a copy of g:	
• Cuimina	tion Project Agreement (this	page)	
	tatement: I agree to serve as nd will participate in the evalua		
Technical Advisor Sig	nature Da	te	
and the agreed-upon be involved in this Ag writing, any significan Culmination project. A	reement. I agree to meet all re it changes, which may becom Any such request will become when accepted by my Faculty	Advisor and others who may equirements and to request, in enecessary during this valid and a part of this	