

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING**

| |
|-----------------------|
| Office Use Only |
| _____ Quarter/Year |
| Call# _____ |

**Computer Science 595 Undergraduate Independent Study
Application Form**

Name _____ Date _____

Email: _____ SID# _____

Major: _____ Best time to call/Phone#: _____

Which quarter do you wish to take CSCI 595? _____ How many units? _____

Sponsoring faculty member: _____

Expected (month/year) of graduation: _____

Computer Science courses completed or currently enrolled in:

Signature of approving faculty:

| | | |
|-----------------------|--------------------|---------------|
| _____ Printed Name | _____ Signature | _____ Date |
| _____ Printed Name | _____ Signature | _____ Date |
| _____ Printed Name | _____ Signature | _____ Date |

Faculty Comments:

I will also present the results of this Independent Study in the Department Seminar when my work is done.

Student Signature

Date

Department Chair Signature

Date

You must attach a one-page copy of your independent study proposal.