

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

**CSE 6950 Graduate Independent Study
Application Form**

Office Use Only

Quarter/Year

Call#

Name: Nikitha Kondreddy venkatramireddy Date: 05/13/2024
Email: 008160497@coyote.csusb.edu SID# 008160497

Major: Computer Science Best time to call/Phone#: 9094492586

Which quarter do you wish to take CSE 6950? Fall 2024 How many units? 3

Sponsoring faculty member:

| | | |
|-------------------------|-----------|------|
| <u>Dr.Khalil Dajani</u> | | |
| Printed Name | Signature | Date |

Expected (month/year) of graduation: December 2024

Computer Science courses completed or currently enrolled in:

All core courses completed

School of CSE resources needed: _____

Signature of approving faculty:

| | | |
|-------------------------|-----------|------|
| <u>Dr.Khalil Dajani</u> | | |
| Printed Name | Signature | Date |

| | | |
|--------------|-----------|----------|
| <u> </u> | <u> </u> | <u> </u> |
| Printed Name | Signature | Date |

Faculty Comments: (Attach a page, if necessary.)

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

| | |
|--------------------|-------------------|
| <u>K V Nikitha</u> | <u>05/13/2024</u> |
| Student Signature | Date |

| | |
|-----------------------------------|----------|
| <u> </u> | <u> </u> |
| Graduate Coordinator for Advising | Date |

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|--|----------|
| <u> </u> | <u> </u> |
| Director, School of Computer Science and Engineering | Date |

A one-page copy of your independent study proposal must be attached.