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

CSE 595 Undergraduate Independent Study
Application Form

Name: _____Date: _____

Email: _____ SID#_____

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

Which quarter do you wish to take CSE 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

CSE School resources needed: _____

Faculty Comments:

_____

_____

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

_____   _____
Student Signature   Date

_____   _____
Director Signature   Date

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

Revised: April 13, 2010