

## **Computer Science and Engineering**

## **Independent Study Contract**

Student			Dotor	
Student:	First	Middle initial	Date:	
Student ID: U			Phone:	
Address:				
Street		City	State Zip code	
Email:			Classification:	
Course: <u>CIS 4900 -</u>	ection Ref No.	/ / Semester / Yr	/ / Credits Instructor	
\$6 	ection Ref No.		Credits Instructor	
Proposed statement of w	ork:			
•				
Approved:			Department Approved:	
Supervising Professor		Director of Undergraduate Program		
This form is to be executed by	v Computer Engineering (	Computer Science Cybersec	urity, and Information Technology students in	
Department of Computer Scien	ice and Engineering for an	Independent Study and who	wish to earn credit as CIS 4900. It is expected	
supervising professor and stude This form authorizes enrollmen			credit hours in advance of executing this control.	
			and Director of the Undergraduate Progra	
student is allowed to count as	s Departmental elective cr	redit a maximum of six (6)	hours of CIS 4900 and/or any other supervision	
individual study (including Cl	<u>18 4915 and CIS 4940) for</u>	S/U grade.		
Distribution:				
Original: Student file			Copy: Professor, Student	