

Computer Science and Engineering GRADUATE CONTRACT

Independent Study/Thesis/Directed Research

DATE: _____

FIRST NAME:			LAST NAME:		
			EMAIL:		
TELEPHONE NUMBER:					
For the correct course http://www.registrar.u			class schedule	e on the Regi	strar's website here:
COURSE:					
CRN:	PREFIX:		COURSE #	:	SECTION #:
COURSE TITLE:			SEMESTER:		
NUMBER OF CREDIT H	OURS:	_ (2-9 credits)			
STATEMENT OF PROPO	OSED WORK:				
Student Sign	ature	F	Approvals:		Instructor

This form is to be executed for every graduate thesis, project and independent study course offered by the CS&E Department. Normally it is expected that the student and his instructor will agree upon the course content in advance of executing this written form. This completed and approved form should be signed by the Instructor and Graduate Program Coordinator prior to obtaining approval signatures. It is the responsibility of the instructor to see that the contents of the executed form are correct. Original is filed in student's academic folder.

Graduate Program Director