INDIVIDUAL PROJECT FORM

Student Name: ____________________________________________________________

NetID: ________________________________________________________________

Degree Program: Undergraduate ☐  MCS ☐  MS ☐  PhD ☐

Course (select one): CS 397 ☐  CS 499 ☐  CS 597 ☐

Credit (Indicate amount below)

CS 397 (minimum of 1 hour, maximum of 3 hours) ________ Hours

CS 499 ________ Hours

CS 597 (minimum of 2 hours, maximum of 4) ________ Hours

Instructor Name: ____________________________________________________________

Semester/Year: ____________________________

Outline or Description of Thesis/Project

Note: For CS 597, please provide a detailed description of the independent study. Once the form as been reviewed and approved by the Graduate Academic Office, a CRN number will be given to you. This process could take up to one week so please plan accordingly.

Instructor: I accept this student’s registration for the above thesis/project.

Instructor Signature ____________________________ Date __________________

Academic Office Signature ____________________________ Date __________________

8/29/2014