



School of Computing
Graduate Course Request Form
CSC 595 – CSC Project Proposal Development

Student's Name: _____

Jag Number: _____ Semester/Year: _____

Project Advisor's Name: _____

General Description of Proposal Work: _____

I request permission to take this directed, independent study course as specified above and in the attached documents (if any). I understand that it is my responsibility to consult promptly and frequently with my PROJECT ADVISOR and to insure that all necessary work is completed on time.

Date: _____ Student's Signature: _____

As PROJECT ADVISOR, I agree to direct this student's work as specified above, to evaluate the documentation submitted, and to assign an appropriate grade at its conclusion.

Date: _____ Project Advisor's Signature: _____

Approved:

Date: _____ Graduate Director's Signature: _____