Computer Science Department Permission to Register for Independent Research Courses

This form MUST be completed prior to registration by all graduate students wishing to enroll in Computer Science Department independent research courses. Authorization will be given for registration only when this form is returned to the Computer Science Department with (1) the supervisor's signature and printed name, (2) the title or topic of the project, and (3) the project abstract, if required.

Student's Name: __________________________________________  ID Number: __________________________

Semester: _______________________________________

____ Y790  Graduate Independent Study       Section No. ___________   Credit hours ______
check one:
   ___ Research and Reading
   ___ Software System Development
   ___ Master's Research Project (abstract required)
   ___ Master's Software Project (abstract required)
   ___ University Master's Thesis (abstract required)

____ Y890  Thesis Reading and Research       Section No. ___________   Credit hours _____

____ G901  Advanced Research       Section No. ___________   Credit hours _____

Title or Topic of Project
+ Description of Output upon Which Grade Will Be Based:

___ Abstract attached

____________________________________  ____________________________________   __________
Supervisor's name, printed                Supervisor's signature               Date

(If Supervisor is not a CSCI faculty member, a CSCI faculty member must co-supervise:)

____________________________________  ____________________________________   __________
CSCI Co-Supervisor's name, printed      CSCI Co-Supervisor's signature         Date
(required ONLY if Supervisor is not CSCI faculty) (required ONLY if Supervisor is not CSCI faculty)