CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF COMPUTER SCIENCE AND ENGINEERING

Office Use Only

_____
Semester/Year

Call# _____

CSE 5951/2/3 Undergraduate Independent Study Application Form

Name:_____Date: _____

Email:_____SID#_____

Major:_____Best time to call/Phone#: _____

Which semester do you wish to take CSE 5951/2/3?_____How many units? _____

Sponsoring faculty member: _____

Expected (month/year) of graduation: _____

Computer Science courses completed or currently enrolled in:

_____

_____

Signature of approving faculty:

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

CSE School resources needed: _____

Faculty Comments:

_____

_____

I will also present the results of this Independent Study in the School Seminar when my work is done.

_____ _____
Student Signature Date

_____ _____
Director Signature Date

You must attach a one-page copy of your independent study proposal.

Revised: October 14, 2020