SCHOOL OF COMPUTING

GRADUATE SPECIAL COURSE REQUEST FORM

SEMESTER: _____   YEAR: _____

COURSE: CIS 594   CIS 595   CIS 599   CSC 595   CSC 598   ISC 595   ISC 598   CIS 694   CIS 799

CREDIT HOURS: _____

JAG ID: J00 _____   STUDENT NAME: _____

MAJOR: COMPUTER SCIENCE   INFORMATION SYSTEMS   PhD   OTHER

General Description of Proposed Study: _____

_____

_____

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

Date: _____   Student Signature: _____

As FACULTY MENTOR, I agree to direct this student's work as specified above, to evaluate the individual reports submitted, and to assign an appropriate grade at its conclusion for the specified number of credits.

Date: _____   FACULTY MENTOR Signature: _____

Approvals:

Date: _____   Graduate Coordinator Signature: _____

Date: _____   Graduate Director Signature: _____