## University of Rochester Department of Computer Science

## Independent Study Approval Form

Last name, First name		Stu	ident ID		Date
Class Year	NetID/Email				
Check one:					
CSC391: Indepe	ndent Study	(	CSC39	5: Independent Resear	rch
Check if doing addit	ional Writing o	r Honors:	W	Н	
How many credits?	0.5 1	2 3	4		
Topic of Study: _					
Description of wo	rk to be done:	:			
Description of ho	w work will be	e evaluate	d:		
<b>*This form</b> Instructor Inform		icially reç	jister	you for an indepen	dent study
Name			Email a	address	
How many credits of	f independent st	udy (incluc	ling th	is) will you complete v	vith this instructor?
Note: University policy limits s approved by department Chair		maximum of in	dependen	t study per instructor (except for	senior honors projects

Instructor's Signature: \_

Once you receive the instructor's signature, email a copy of this form to your undergraduate coordinator. Then officially register by completing the *Independent Study Form* listed under the *Course Forms* tab on the University Registrar's website.