

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

Office Use Only
Quarter/Year _____
Call# _____

**CSE 399 Community Service Project
Application Form**

Name: _____ Date: _____

Email: _____ SID# _____

Major: _____ Best time to call/Phone#: _____

Which quarters do you wish to take CSE 399? _____
How many units? _____ Total _____
(Each quarter can be for 1 or 2 units, the total must be less than or equal to 6 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

Client Name and Address _____

Client Phone number and/or Email _____

Client Signature _____ Date _____

CSE School resources needed: _____

Faculty Comments:

I will present the results of this project in the School Seminar Series when my work is done.

_____	_____
Student Signature	Date

_____	_____
Director Signature	Date

You must attach a one-page copy of your Community Service Project proposal.