

**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
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_____ Printed Name	_____ Signature	_____ Date
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_____ Printed Name	_____ Signature	_____ Date
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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
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_____ Director Signature	_____ Date
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**You must attach a one-page copy of your independent study proposal.**