

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

Office Use Only
Quarter/Year _____
Call# _____

**CSE 695 Graduate Independent Study
Application Form**

Name: _____ Date: _____
Email: _____ SID# _____

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

Which quarter do you wish to take CSE 695? _____ How many units? _____

Sponsoring faculty member:

_____	_____	_____
Printed Name	Signature	Date

Expected (month/year) of graduation: _____

Computer Science courses completed or currently enrolled in:

School of CSE resources needed: _____

Signature of approving faculty:

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date

Faculty Comments: (Attach a page, if necessary.)

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

_____	_____
Student Signature	Date

_____	_____
Graduate Coordinator for Advising	Date

_____	_____
Director, School of Computer Science and Engineering	Date

A one-page copy of your independent study proposal must be attached.