# 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 |
| Printed Name |  | Signature |  | Date |
| Printed Name |  | Signature |  | Date |

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

Director Signature Date

# You must attach a one-page copy of your independent study proposal.

**Revised: October 14, 2020**