



Master's Independent Study Authorization Form

Student Information		
Name: (Last, First)	University ID #	N _____
Independent Study Information		
Term & Year	Number of Credits:	
Term: _____ Year: _____	_____	
Brief Description of Independent Study:		
SIGNATURES		
Student Name:	Signature:	Date:
Professor Name:	Signature:	Date:
DGS Name:	Signature:	Date:
IMPORTANT GUIDELINES FOR INDEPENDENT STUDY		
<ul style="list-style-type: none"> ❖ Students must arrange to work on independent study projects under the direction of a full-time Department of Computer Science faculty member. ❖ Students should submit this form, after it is completed and signed off on by the professors, to their advisor, either Jennifer Conlan Darlington in CIWW 324 or Katie Laugel in CIWW 326. 		