

SCHOOL OF COMPUTING

GRADUATE SPECIAL COURSE REQUEST FORM

SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_

COURSE: CIS 594 CIS 595 CIS 599 CSC 595 CSC 598 ISC 595 ISC 598 CIS 694 CIS 799

CREDIT HOURS: \_\_\_\_\_

JAG ID: J00 \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

MAJOR: COMPUTER SCIENCE INFORMATION SYSTEMS PhD OTHER

General Description of Proposed Study: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I request permission to take this directed, independent, study course as specified above and in the attached documents. I understand that it is my responsibility to consult promptly and frequently with my FACULTY MENTOR and to insure that all necessary work is completed on time.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

As FACULTY MENTOR, I agree to direct this student's work as specified above, to evaluate the individual reports submitted, and to assign an appropriate grade at its conclusion for the specified number of credits.

Date: \_\_\_\_\_ FACULTY MENTOR Signature: \_\_\_\_\_

Approvals:

Date: \_\_\_\_\_ Graduate Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Graduate Director Signature: \_\_\_\_\_