

Incomplete forms will be returned to the student's mailbox

DEPARTMENT OF COMPUTER SCIENCE INDIVIDUALIZED COURSE APPROVAL FORM

Semester and Year _____ If Summer, circle appropriate session: A B C

Name _____ EMPL ID _____

Email address _____

DIRECTED INDIVIDUAL STUDY (Indicate # of credit hours and give both a descriptive title and the title you'd like to appear on your transcript)

NOTE: DIS Courses DO NOT count toward elective credit for undergraduate or graduate degrees.

CIS4900 _____ (1-4 Hours)
Letter-graded Courses

CIS5900 _____ (9 Hours)
Satisfactory/Unsatisfactory

CIS6900 _____ (1-12 Hours)
Satisfactory/Unsatisfactory

Title to appear on Transcript (20 Characters Max) _____

SUPERVISED RESEARCH CIS5910 _____ (1-5 HOURS) SUPERVISED TEACHING CIS5940 _____ (1-5 HOURS)

I certify that have completed less than 5 hours of Supervised (Research/Teaching), and further, that the requested hours above do not put me over the 5 hours limit for this course: Signature _____

CIS5915 PROJECT HOURS _____ (12 MAX PER SEMSTER) CIS5970 THESIS HOURS _____ (12 MAX PER SEMESTER)

CIS 6980 DISSERTATION HOURS _____ (12 MAX PER SEMESTER)

THE COURSES BELOW ARE ALL ZERO (0) CREDIT

CIS8962 PHD QUALIFYING EXAM _____ CIS8966 MASTERS COMP EXAM _____

CIS8964 PHD PRELIMINARY EXAM _____ STUDENT'S MAJOR PROFESSOR.

CIS 8974 MASTERS PROJECT DEFENSE _____ CIS 8976 THESIS DEFENSE _____

CIS8985 DISSERTATION DEFENSE _____

IF REQUESTING PROJECT/THESIS/DISSERTATION HOURS/DEFENSE, OR EXAMS, YOU MUST HAVE YOUR MAJOR PROFESSOR'S SIGNATURE AND LIST TWO COMMITTEE MEMBERS MINIMUM PLEASE.

Committee Member _____

Committee Member _____

Committee Member _____

Committee Member _____

Major Professor's Signature _____

Date: _____

FOR DEPARTMENTAL REGISTERING PERSONNEL USE

NOT IN INSURANCE COMPLIANCE _____

CLEAR REGISTRATION HOLD (OWE FINES OR REQUESTED GRADUATION IN A PREVIOUS SEMESTER) _____

M (MASTERS CANDIDATE) _____

Ph.D. (DOCTORAL CANDIDATE) _____