Computer Science Individualized Course Approval Form

Name: _____ **EMPLID**: _____ **Email:** _____

Semester: _____ **Year:** _____ **Summer Session (A, B, C)**: ____

* Session A: First Six 6 weeks. Session B: Second Six Weeks. Session C: 12 weeks

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Directed Individual Study (Indicate # of credit hours)

CIS5900 and CIS6900 do not count towards elective credit for undergraduate or graduate degrees.

CIS4900 _____ (1-4 Hours)   **CIS5900** _____ (1-9 Hours)   **CIS6900** _____ (1-12 Hours)
*Letter Graded   Satisfactory/Unsatisfactory   Satisfactory/Unsatisfactory

*CIS4900 will count towards elective credit for certain undergraduate CS degrees unless the student opts to switch it to S/U after enrollment. Please follow the process to take a class as S/U for the College of Arts of Sciences. **Please speak to your advisor before making this change to ensure it does not impede your academic track.**

Supervised Research and Supervised Teaching may only be repeated for up to 5 semester hours.

Supervised Research CIS5910 _____ (1-5 Hours)   **Supervised Teaching CIS5940** _____ (1-5 Hours)

CIS5915 Project Hours: _____ (12 Max per Semester)

CIS5970 Thesis Hours: _____ (12 Max per Semester)

CIS6980 Dissertation Hours: _____ (12 Max Per Semester)

The courses below are all zero (0) credit.

CIS8964 PHD Preliminary exam: **CIS 8974 Masters Project Defense** _____

CIS8976 Thesis Defense: _____   **CIS8985 Dissertation Defense:** _____

Please make sure to select your corresponding defense course if you are defending the same semester

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This form must have the signature of the Major Professor's Signature before it may be processed.

Major Professor's Signature: _____   Date: _____

Student's Signature: _____   Date: _____

*Please send completed forms to csgradforms@cs.fsu.edu for filing, scheduling, and enrollment. Please take care of all holds beforehand to quicken the enrollment process.