

Department of Computer Science
Independent Study Project

Name: _____ SS# _____

Address: _____

Daytime Phone: _____ E-mail address: _____

Semester: FALL _____ SPRING _____ SUMMER I _____ SUMMER 2 _____ 20 _____

Course Number: CPS 497 _____ CPS 597 _____ CPS 697 _____

Section Number: _____ Credit Hours _____

Project Title:

Brief description of project:

List of deliverable project results and schedule for completion: _____

Resources required: _____

Please specify the student 's background (courses taken, experience, etc.) that will enable him/her to pursue this independent study: _____

Date: _____ Student Signature: _____

Date: _____ Faculty Signature: _____

Date: _____ Chairperson's Approval: _____

Independent Study Project - Part #2

You must complete and submit Part #2 of the Application in order to receive a grade. Attach additional pages, if necessary. This form is designed for Independent Study Projects completed during the Spring and Fall semesters and should be adjusted for Projects completed during Summer.

Project Log: (Describe progress made during the first two week period)

Faculty signature Date

Project Log: (Describe progress made during the second two week period)

Faculty signature Date

Project Log: (Describe progress made during the third two week period)

Faculty signature Date

Project Log: (Describe progress made during the fourth two week period)

Faculty signature Date

Project Log: (Describe progress made during the fifth two week period)

Faculty signature Date

Project Log: (Describe progress made during the sixth two week period)

Faculty signature Date

Project Log: (Describe progress made during the seventh two week period)

Faculty signature Date

Final Report: (Describe the outcome of the independent study and attach results, including all software, papers, surveys, etc.)

Faculty signature Date