DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING
GRADUATE CONSENT FORM

This form **must** be completed by the student **each semester**, signed by the faculty advisor, and returned to 303RC prior to registration for the following courses:

**Student Name:** ____________________________________________ **UID:** _____________________________

**Semester:** ______________  **Year:** ____________  **Instructor:** ____________________________

**Program:**  □ CS  □ CEG  CREDIT Hours: ______________

**Course:**
- □ 6920 Independent Study/Non-Thesis
- □ 7920 Independent Study/Thesis
- □ 7950 Thesis (1-18 cr)
- □ CS 7960 Cyber Project/Thesis (1-9 cr)
- □ 8920 Ph.D. Independent Study
- □ 8930 Qualifier (1 cr)
- □ 8940 Residency Research (1-18 cr)
- □ 8950 Dissertation Research (1-18 cr)
- □ 8960 Candidacy Exam (1 cr)
- □ 8990 Dissertation Defense (1 cr)
- □ 4970 Independent Study
- □ 6970 Independent Study

**Grading for CS/CEG 4970/6970:**  □ ABCDF  □ P/U

**Topic of Study:**

**Course Plan** (Describe how this course will be conducted. For example, materials will be used, how the student’s progress will be monitored.)

**Deliverables:** (check those that apply, with number of items)
- □ Home work Projects  #________
- □ Written Reports  #________
- □ Oral Reports  #________
- □ Other (describe) __________________________________________________________________________

**Method of Evaluation:** (check those that apply, with number of items)
- □ Formal Exams  #________
- □ Review of Deliverables
- □ Other (describe) __________________________________________________________________________

**Signatures:**

_________________________________  ________________________________  ______________
Student  Faculty Advisor  Date

For Office Use only: **Course:** ______________________  **CRN:** ______________  **Email sent:** ______________