

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: _____

Email: _____

Course: ☐ 6970 Independent Study/Non-Thesis ☐ 7920 Independent Study/Thesis ☐ 7950 Thesis (1-18 cr)
☐ CS 7960 Cyber Project (1-9 cr) ☐ 8920 Ph.D. Independent Study ☐ 8930 Qualifier (1cr)
☐ 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

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: _____