

**MILWAUKEE SCHOOL OF ENGINEERING
DWIGHT AND DIAN DIERCKS SCHOOL OF ADVANCED COMPUTING**

INDEPENDENT STUDY REQUEST

Date: _____ requests to enroll in:

(Student Name)

Undergraduate

_____ CSC-4999 Computer Science Independent Study for _____ credits

_____ SWE-4999 Software Engineering Independent Study for _____ credits

Graduate

_____ CSC-6999 Computer Science Independent Study for _____ credits

Project Title: _____

Project faculty advisor will be: _____

Registration will be for the _____ semester.

Note: ALL work must be completed during this semester.

Attach to this form:

- Student learning outcomes
- Description of the project or course of study
- Proposed method of solution
- Deliverables, with due dates
- Grading criteria (as discussed with faculty advisor)

NOTE: Form must be completed 6 weeks prior to the start of the semester of enrollment and presented at time of registration.

Approved by:

Faculty Advisor Date

Program Director Date

DSAC Department Chair Date

PROVIDE COPIES TO:

- *Registrar's Office
- *Student
- *Faculty Advisor
- *Program Director
- *DSAC Office - dsacrequest@msoe.edu

Note that independent studies scheduled for summer terms are approved only in extraordinary circumstances.