

CSD INDEPENDENT STUDY PROSPECTUS

Courses 15-591, -592, -593, -594

Student: _____ Andrew ID: _____
 Last Name *First Name*

Today's Date: _____ Semester to be Enrolled: _____

Title of Project: _____

Units Proposed by Student: _____ Project Advisor's Name: _____

Project Advisor's Andrew ID *Project Advisor's Signature*

Academic Advisor's Andrew ID *Academic Advisor's Signature*

**Please ensure that you have sufficient units to add this independent study before submitting this form.
You are not permitted to receive credit AND be paid for the same work.**

Goals of the research project:

Work to be completed (*use another page if necessary*)

There will be an oral presentation required of all Independent Study students at an end-of-semester poster session, held on *Reading Day* during finals, SCS-wide each fall, and at the *Meeting of the Minds* in the spring.

The information below will be filled out by the relevant program director:

Course #: _____

SCS Approval: _____ Date: _____

Ask questions/submit completed form to: Charlie Garrod at charlie@cs.cmu.edu