

CSD INDEPENDENT STUDY PROSPECTUS

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

Student:	Andrew ID:	
Last Name	First Name	
Today's Date:	Semester to be Enrolled	l:
Title of Project:		
Units Proposed by Student:	Project Advisor's Name:	
Project Advisor's Andrew ID	Project Advisor's Sign	pature
Academic Advisor's Andrew ID	Academic Advisor's S	ignature
You are not per	mitted to receive credit AND	be paid for the same work!
Goals of the research project: Work to be completed (use another page)	age if necessary)	
	g finals, SCS-wide each fall, ar	y students at an end-of-semester poster nd at the <i>Meeting of the Minds</i> in the spring.
Course #:		
SCS Approval:		Date:
Ask questions/submit com	npleted form to: Mar	k Stehlik at mjs@cs.cmu.edu