# Master’s Independent Study Authorization Form

## Student Information
Name: (Last, First) | University ID #
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## Independent Study Information
**Term & Year**
Term: ______________ Year: __________
Number of Credits: _________

**Brief Description of Independent Study:**

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## SIGNATURES
**Student Name:** Signature: Date:
**Professor Name:** Signature: Date:
**DGS Name:** Signature: Date:

## IMPORTANT GUIDELINES FOR INDEPENDENT STUDY
- Students must arrange to work on independent study projects under the direction of a full-time Department of Computer Science faculty member.
- Students should submit this form, after it is completed and signed off on by the professor, to their advisor, either Jennifer Conlan Darlington in CIWW 324 or Katie Laugel in CIWW 326.