SCHOOL OF COMPUTING

GRADUATE SPECIAL COURSE REQUEST FORM

SEMESTER:_____          YEAR:_____

COURSE:     CIS 594     CIS 595     CIS 599     CSC 595     CSC 598     ISC 595     ISC 598     CIS 694     C

CREDIT HOURS:_____

JAG ID: J00_____                    STUDENT NAME:_____

MAJOR:       COMPUTER SCIENCE       INFORMATION SYSTEMS       PhD       OTHER

General Description of Proposed Study:_____

_____

_____


I request permission to take this directed, independent, study course as specified abov
ubmitted, and to assign an appropriate grade at its conclusion for the specified number of


Date:_____          FACULTY MENTOR Signature:_____


Approvals:

Date:_____          Graduate Coordinator Signature:_____

Date:_____          Graduate Director Signature:_____