



**CSE 498/499 Form**

**Student Name:** \_\_\_\_\_ **Person No.:** \_\_\_\_\_  
(Please Print)

**CSE 498** or **CSE 499**  
(Undergraduate Research) (Independent Study)

**Semester:** Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
(Year) (Year) (Year) (Year)

**Title of Independent Study or Research:** \_\_\_\_\_

**Faculty Member Supervising:** \_\_\_\_\_

**Course Registration Number:** \_\_\_\_\_ **Credit Hours:** \_\_\_\_\_

**Describe the Independent Study/Research:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List the learning outcomes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe how work will be assessed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Give performance expectations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are the important deadlines for milestones or submitting work?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_