



CSE 498/499 Form

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

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

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