

Independent Study - Project Agreement Form
Computational Mathematics, Science & Engineering

Student Name:

PID:

Semester: Year:

MSU Email address: @msu.edu

Student Status: UG MS PhD

Program Name:

Academic Advisor:

CMSE-499 CMSE-891 Credits: (Can be 1-6 credits, more than 3 requires justification)

Note: This form is required for enrollment in CMSE-499 or CMSE-891

Title and brief description of the project and goals. Explain why an Independent Study required rather than an existing course:

Signature of Faculty Directing Project: _____

Faculty Name:
(Printed)

Faculty Email:

Only faculty members in the CMSE Department are eligible to sponsor students in an independent study. Please do not ask graduate students or teaching assistants to sponsor an independent study. An email from your advisor and/or faculty in lieu of a signature is acceptable. Please attach email to this form.

Signature of Academic Advisor: _____ Date _____

Signature of Student: _____ Date _____

Signature of CMSE Graduate Director: _____ Date _____

Return this completed form to the Graduate Secretary in room #1501 Engineering Building as soon as possible. Project Agreement forms must be filed PRIOR to over-ride request.