

CIS 4905: Individual Study Application Form

Date of Application _____ Term _____ Credits (1-4) _____

Name _____ UFID# _____

Major/Classification (e.g. CSE/4EG) _____ Email Address _____

*Attach a one-page description of your project.
After obtaining signatures, email to ugadvisors@cise.ufl.edu.*

Individual Study Advisor

This person directly oversees the individual study. If he/she is not a CISE or ECE faculty member at UF, then a CISE or ECE faculty member must approve this individual study in the space below. By signing this form, the advisor is stating that the work to be done in this individual study is comparable in scope to a 4000-level technical elective and may be used as such in the student's degree program.

_____ Date _____
Individual Study Advisor Name (print)

_____ E-mail Address _____
Signature

Phone Number _____ Dept/Company _____

CISE/ECE Faculty Member

By signing this form, the CISE or ECE faculty member is stating that the work to be done in this individual study is comparable in scope to a 4000-level technical elective and may be used as such in the student's degree program. (Subject to final approval by a CISE academic advisor.) He/she is also willing to assign a grade* at the end of the term if necessary with input from the individual study advisor.

*The CISE or ECE faculty member will assign a grade only if the individual study advisor is not a UF faculty member

_____ Faculty Member Name (print)

_____ Date _____
Signature

E-mail Address _____ Phone Number _____