

CSE Scientific Computing Project Approval Form

Student name _____ EID _____
(last name, first name)

Major _____

Semester _____
(e.g. Fall 2014)

Supervising Professor

Name _____
Department _____

Select one:

CSEM GSC Faculty
ICES Affiliated Faculty
Non-ICES Faculty
(if not GSC, must attach petition)

Research Topic

Course to be taken

CSE 370
Other _____
(please specify)

Signatures

Supervisor _____ Date _____

Student _____ Date _____

CSE 370 is offered on pass/fail basis only.

Signed form must be submitted to CSEM Graduate Coordinator (POB 4.110).