School of Computing

Graduate Course Request Form

CYB 595 – CYB Project Proposal Development

Student's Name:_____

Jag Number:_____ Semester/Year: _____

Project Advisor's Name:_____

General Description of Proposal Work:_____

_____

_____

I request permission to take this directed, independent study course as specified above and in the attached documents (if any). I understand that it is my responsibility to consult promptly and frequently with my PROJECT ADVISOR and to insure that all necessary work is completed on time.

Date:_____ Student's Signature:_____

As PROJECT ADVISOR, I agree to direct this student's work as specified above, to evaluate the documentation submitted, and to assign an appropriate grade at its conclusion.

Date:_____ Project Advisor's Signature:_____

Approved:

Date:_____ Graduate Director's Signature:_____