

**Permission to Register for Individualized Study**  
**COMPUTER SCIENCE DEPARTMENT**

**To be completed by student prior to registration**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Term: *Fall*    *Winter*    *Spring*    *Summer* 20\_\_\_\_ CRN \_\_\_\_\_

Course # \_\_\_\_\_ Credits \_\_\_\_\_ Grade Opt \_\_\_\_\_

Title \_\_\_\_\_

Instructor's signature \_\_\_\_\_