**School of Operations Research & Information Engineering**

**Independent Study Course Registration Form – OR&IE 4999**

(Please submit form to 203 Rhodes to be properly registered for OR&IE 4999.)

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**Name Expected Degree Date**

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**Email Address CU ID Number Term of Project**

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**Project Title**

**Description of Independent Study:**

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**Number of hours per week required:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of credit hours to be awarded:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade Option:**  \_\_\_\_ **Letter** \_\_\_\_\_ **S/U**

NOTE: A guideline for credit is three hours of work per week throughout the term equals one credit hour.

**If you have an off-campus supervisor for this work:**

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email & Phone:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Advisor (Faculty responsible for submitting grade):**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email & Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_