

## INDEPENDENT STUDY REGISTRATION REQUEST

Please read the following requirements carefully before submitting the form.

- This form must be submitted and approved before the registration deadline of a semester.
- Please review the degree requirements for your program to determine how many credits of 590/690/790 are permitted in your degree program.

Submit form to <https://fultonapps.asu.edu/override/> for processing. Email submissions will not be accepted.

### STUDENT INFORMATION

ASU ID No.	Last Name, First Name	Date
Student Signature		Email Address

### REGISTRATION INFORMATION

Term /Year: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20_____	Program: <input type="checkbox"/> Computer Engineering <input type="checkbox"/> Computer Science <input type="checkbox"/> Data Sciences, Analytics & Engineering <input type="checkbox"/> Industrial Engineering <input type="checkbox"/> Software Engineering <input type="checkbox"/> Robotics and Autonomous Systems	Course:(CEN, CSE, DSE, IEE, SER) <input type="checkbox"/> 590 Master Independent Study <input type="checkbox"/> 690 Ph.D. Independent Study <input type="checkbox"/> 790 Ph.D. Independent Study  Credit Hours: _____	CEN & IE only: Use it as an <input type="checkbox"/> area course <input type="checkbox"/> elective course
Please list <u>topics</u> to be covered and the <u>timeline for completing</u> each topic:          			

Please list <u>final deliverables</u> : All students are required to submit a final report.
Please list grading rubric
Please provide explanation as to why the topics cannot be learned from the existing courses

**SUPERVISING INSTRUCTOR APPROVAL**

Name of Supervising Instructor <i>(please print)</i>	Instructor's Signature	Date

**GRADUATE PROGRAM CHAIR APPROVAL – Required for CEN 690, DSE 790, and IEE 790**

*Will be obtained by Advising*

Name <i>(please print)</i>	Approved as an:	Signature	Date
	<input type="checkbox"/> area course <input type="checkbox"/> elective course		