Special Projects Proposal

Computer Science Department, UCSB

This form is required for enrollment in CS 192, 193, 196, 199A-C, 596, 597, 598, 599.

Name (please print): _______________________________________________________________

Course Number: ___________   Perm Number: ________________   Number of Units: _________

Quarter and Year: ___________________   Professor’s Name:___________________________

Project Description:

Your signature:  __________________________________________  Date: ______________________

Approved:  ______________________________________________  Date: ______________________

Instructor’s Signature