

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