

CEE 499 INDEPENDENT STUDY CONTRACT

STUDENT NAME: _____ UW ID NUMBER: _____

FACULTY SUPERVISOR: _____ QUARTER/YEAR: _____

COURSE CREDITS (Variable 1-5 credits per quarter): _____ CEE 499 SLN: _____

NOTE: No more than 6 credits of CEE 498 and CEE 499 combined may be counted towards the BSCE degree.

Before you begin this form, you must have identified a faculty member who is willing to work with you on your CEE 499 independent study project. The responses provided below must be developed in conjunction with or have the approval of your faculty supervisor for this project.

This form must be submitted each time you wish to register for CEE 499, even when the same project continues from one quarter to another, with the same faculty supervisor.

Please return this form along with any supporting documents to the CEE Department in More Hall 201, Box 352700, or submit it and any attachments electronically to ceadvice@u.washington.edu.

Briefly describe the special or independent study project. Please include student responsibilities and outcomes expectation and deliverables, if any. (For example, address what is the goal of this project? What is expected of the student -- a paper, presentation, weekly meetings, a product?)

(Please feel free to use back or attach a document.)

Has the student completed 300-level CEE courses? ***Yes*** ***No***

Grading option: ***Numerically graded*** ***Credit/No Credit***

Grading will be CR/NC unless otherwise noted.

Student Signature: _____ ***Date:*** _____

Faculty Signature: _____ ***Date:*** _____

FOR OFFICIAL USE ONLY:

DATE RECEIVED: _____ Action: _____ Notified: _____ Coded: _____