



CEE 299 INDEPENDENT STUDY CONTRACT

STUDENT NAME: _____ UW ID NUMBER: _____

FACULTY SUPERVISOR: _____ QUARTER/YEAR: _____

COURSE CREDITS (Variable 1-5 credits per quarter): _____ CEE 299 SLN: _____

Before you begin this form, you must have identified a faculty member who is willing to work with you on your CEE 299 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 299, even when the same project continues from one quarter to another with the same faculty supervisor.

Briefly describe the special or independent study project, student responsibilities, and expected outcomes and/or deliverables. (Include what is expected of the student and benchmarks for evaluating what constitutes satisfactory completion of this arrangement, such as specifying requirements for a final paper, weekly meetings, a product or deliverable, etc.)

(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: _____

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@uw.edu.

FOR OFFICIAL USE ONLY:

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