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: __________

PLEASE NOTE: While students may earn up to 12 credits of CEE 499 total, only a maximum of 3 credits of CEE 499 may be applied to Upper-Division Engineering & Science Electives to satisfy BSCE degree requirements. CEE 499 credits cannot be used to satisfy Technical Electives.

Credits taken in excess of the 3 allowed for the BSCE degree (up to 9 additional) will count toward UW general electives only.

Instructions
To request enrollment in CEE 499 Independent Study/Research, complete the following instructions:
  ▪ Identify a faculty member who is willing to work with you on your CEE 499 independent study project. The materials you submit with this form must be developed in conjunction with or have the approval of your faculty supervisor for this project.

  ▪ Submit the following required information on this form or as an attachment.
    o Brief description of the independent study or research project
    o Outline of student responsibilities and/or duties
    o Clear and specific expected learning outcomes and/or deliverables: that is, include what is expected of the student and benchmarks for evaluating satisfactory completion of this project. (Be as specific as possible. For example, a final paper of approximately xxx pages, attendance at weekly meetings, a product or deliverable, etc.)
    o Signatures of student and faculty sponsor

  ▪ Submit this form each quarter that you wish to register for CEE 499, even when continuing with the same project with the same faculty supervisor.

  ▪ Return this form along with any supporting documents to the CEE Department in More Hall 201 (attention: undergraduate advisor) or submit electronically to ceadvice@uw.edu.

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: __________