

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

College of Engineering, Computer Science, and Technology

Department of Electrical & Computer Engineering

APPLICATION FOR INDEPENDENT STUDY (EE 4990)

DATE: _____ CLASS #: _____ Section: _____

Term: Fall Winter Spring Summer Year: _____

Last Name: _____ First Name: _____ CIN: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone: (Home) _____ Business: _____ Email: _____

Semester & Year of Study: _____ GPA: _____

Title of Proposed Independent Study

Units: _____ Specify: Lab Elective Technical Elective

Brief Description of Project: _____

Advisor's Approval: _____ Date: _____

Department Chair Approval: _____ Date: _____