Independent Study Course Permission Form
Computer Science/Engineering/Data Science
New York University Shanghai

Independent Study – Computer Science/Engineering/Data Science
Prerequisite: permission of the department. Does not satisfy the major elective requirement. 2-4 credits

Students majoring in computer science or engineering are permitted to work on an individual basis under the supervision of a full-time faculty member in the relevant discipline if they have maintained an overall GPA of 3.0 and a GPA of 3.5 in computer science/engineering and have a study proposal that is approved by a computer science/engineering/data science professor. Students are expected to spend about two to three hours a week per credit (a 4-credit IS would involve about ten to twelve hours a week) on their project.

Student name: ________________________________ ID Number: ______________

Major: ___________________________ Year: ________ Semester of course: ______

Course number ___________________________ Number of credits: ______________

Grading Option: Letter grade _____ Pass-fail (only if it still fulfills a requirement) _____

Faculty Sponsor: Please write below or attach a description of the work the student is to complete for this course:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Faculty Sponsor: Please write below or attach the grading criteria for the course:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Faculty permission: ___________________________ Date: ____________

Student Agreement: ___________________________ Date: ____________

Student’s Advisor: ___________________________ Date: ____________

Dean of Comp Sci/Engineering: ___________________________ Date: ____________

Asst Provost, Academic Affairs: ___________________________ Date: ____________

(Once all parties sign off, advisor will submit to Registrar’s Office for processing.)