

Computer Science Department
SUPERVISORY COURSE PETITION
For CSc 198, 199, 299, 500, 502

Note: Do not use this form for CSc 195/295 (use the "Student Internship" form instead) or CSc 195A-CSc 195D (go to the Career Center in Lassen Hall Room 2000 to apply and register instead).

Name _____ Semester/Yr _____

SAC STATE ID # _____ Daytime Phone _____

Email Address _____
(Be sure it is complete and legible.)

_____ **CSC 198** No. of Units _____ Faculty Supervisor _____
Grading _____ Lab Assistant _____ Other _____

_____ **CSC 199** No. of Units _____ Faculty Supervisor _____
Area of study _____

_____ **CSc 299** No. of Units _____ Faculty Supervisor _____
Area of study _____

_____ **CSc 500** (Master's Thesis) No. of Units _____ Committee Chair _____

_____ **CSc 502** (Master's Project) No. of Units _____ First Reader _____

Other:

_____ **CSc** _____ No. of Units _____ Faculty Supervisor _____
Description _____

APPROVED:

Faculty Supervisor's Signature _____ Date _____
(Faculty member named above)

Department Chair's Signature _____ Date _____
(CSc 198, 199, "Other")

Grad Coordinator's Signature _____ Date _____
(CSc 299, 500, 502)

FOR DEPARTMENT USE ONLY:

Registered by _____ Date _____