

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

*Note: For CSC 195/295 use the "Student Internship" form. **OR** For CSC 195A-D, go to the Academic Advising and Career Center, Lassen Hall 1013 and speak to the Co-op Coordinator.*

Last Name _____ **First Name** _____

Sac State ID # _____ **What semester are you enrolling in?** _____

Daytime Phone _____ **Email Address** _____
(please PRINT clearly)

_____ **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 (print) _____

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

*******for 500/502 registration, please also include: Topic Form, Proposal (with methodology and timeline), and unofficial CSUS transcripts.**

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:

Course # _____ Registered by _____ Date _____