Contract for Registration in Independent Study in Scientific Computing

Student Name: _______________________________  Semester: __________________

Class: SO____ JR____ SR____
Note: Only well-qualified sophomores are eligible for directed/independent study

Local Address: _______________________________  Telephone: __________________

Credit Hours: ______________

Course Number (Circle One):

Independent Study  SC3850  SC3851

Faculty Sponsor: _____________________________________________________________

Sponsor's Primary Department: _______________________________________________

Students wishing to take directed/independent study courses in Scientific Computing must do the following:

1. Obtain permission to enroll in a directed/independent study course from the faculty sponsor. Consult with the faculty sponsor well in advance of the Course Request Period of registration for the semester in which the directed/independent study is undertaken.

2. Work with the faculty sponsor to ensure that the proposed project combines scientific computing tools and techniques with a substantive scientific or engineering problem. Students (and their faculty sponsors) should talk with one of the Directors of the Scientific Computing minor if there is any uncertainty about what might or might not qualify for a directed or independent study in the minor.

3. Prior to the end of the Change Period, register for the directed/independent study course.

4. Make a written study plan detailing the nature of the project and the amount of credit and have it approved by the faculty sponsor and by one of the Directors of the Scientific Computing minor (Professor Bodenheimer, Palmeri, or Weintraub).

Briefly describe the nature of your project:

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__________________________________________________________________________
Describe the scientific computing tools and techniques that will be used in the project:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Specify the arrangements and frequency of meetings with the instructor:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Student’s Signature       (Date)       Faculty Sponsor’s Signature       (Date)

_________________________________________________________________________________________________

Director of Scientific Computing Signature       (Date)

(attach additional sheets if necessary)