

SAN DIEGO STATE UNIVERSITY  
 Department of Computer Science  
 Department of Mathematics & Statistics

REQUEST FOR PERMISSION TO ENROLL IN  
**SPECIAL STUDY COURSES**

NAME (*PRINT last name, first*) \_\_\_\_\_

LAST NAME

FIRST NAME

RED ID # \_\_\_\_\_

MAJOR

DATE

**DIRECTIONS:**

1. Complete this form with the faculty member who will supervise your Special Study course.
2. Obtain the Schedule Number from your supervising faculty or Dept Office.
3. **CPT:** complete form with supervisor signature, return to Dept Office for Schedule number.
4. PAY your registration fees. Register on Webportal after paying fees.

**Select course and indicate number of Special Study units (1, 2, or 3) in box below:**

	299	497	499	797	798	798 CPT
<b>CS</b>						1
<b>MATH</b>						
<b>STATS</b>						

Schedule No. \_\_\_\_\_

**SUPERVISOR NAME (required)** \_\_\_\_\_

SEMESTER/YEAR

TITLE OF PROJECT

\_\_\_\_\_

Describe briefly the nature of the study as to methodology and content:

Student Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_