Human-Computer Interaction Program  
Proposal for Independent Study

Approval and Registration Instructions

<table>
<thead>
<tr>
<th>Type</th>
<th>Course</th>
<th>Approved By</th>
<th>Room</th>
<th>Enrolled by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergrad</td>
<td>Independent</td>
<td>05-589</td>
<td>Vincent Aleven</td>
<td>NSH 3531</td>
</tr>
<tr>
<td>Undergrad</td>
<td>Small Group</td>
<td>05-588</td>
<td>Vincent Aleven</td>
<td>NSH 3531</td>
</tr>
<tr>
<td>Graduate (M)</td>
<td>Independent</td>
<td>05-689</td>
<td>Nicole Willis</td>
<td>300 SCRG 209</td>
</tr>
<tr>
<td>Graduate (M)</td>
<td>Small Group</td>
<td>05-688</td>
<td>Nicole Willis</td>
<td>300 SCRG 209</td>
</tr>
<tr>
<td>Graduate (PhD)</td>
<td>Independent</td>
<td>05-689</td>
<td>Scott Hudson</td>
<td>NSH 3511</td>
</tr>
</tbody>
</table>

Student Name ________________________________

Student Andrew ID ________________________________

Course Number (check one)

- 05-589 Undergraduate-Independent Study
- 05-588 Undergraduate-Small Group
- 05-688 Graduate-Small Group
- 05-689 Graduate-Independent Study

Units ________________________________

Semester ________________________________

HCII Faculty Mentor(s) ________________________________

Mentor(s) email ________________________________

Mentor(s) phone ________________________________

Subject Area ________________________________

Proposal

Complete description of independent study project must be written in detail and attached to this page. MHCI Proposal must include schedule with milestones/deliverables.

Deliverables

Include required deliverable(s) and learning objectives in your attached description.

Due Date ________________________________

(date of final deliverable should be at least one week before deadline for submission of final grades)

I agree to oversee the above-described independent study and deliver the final grade to the HCI program administrator on or before the above date.

Faculty Mentor ________________________________

Signature ________________________________ Date ________________________________

I agree to complete the described Independent Study and deliver the final module by the above date.

Student ________________________________

Signature ________________________________ Date ________________________________

HCII Program Advisor ________________________________

Signature ________________________________ Date ________________________________