

RESEARCH MENTORING CONTRACT AND ENROLLMENT FORM

**The College of New Jersey
Department of Computer Science**

The Research Mentoring contract and Enrollment form must be submitted to the Office of Records and Registration at the time of registration. Registration will not be permitted if the form is incomplete or signatures are missing.

PLEASE PRINT IN BLUE OR BLACK INK

Do not use this form to establish a course to be taught on a TBA basis. Independent study is not to be substituted for a regular course.

SEMESTER: Fall _____ Spring _____ Summer _____ Year _____

NAME: _____ ID: _____
Last First M.I.

Course ID: CSC 498 or CSC 499 Section ID: _____ (for Records and Registration)

INSTRUCTOR: _____

STUDENT GPA: _____ (must be 2.5 or greater) EARNED HOURS: _____ (must exceed 56)

RESEARCH PROPOSAL (Title and Description of Work to be performed)

THIS COURSE TAKEN FOR: _____ elective credit or _____ practicum credit

Please sign and date where indicated. All signatures must be completed before registration can take place

Student: _____ Date: _____

Instructor: _____ Date: _____

Department Chair: _____ Date: _____

THREE COPIES OF THIS FORM ARE REQUIRED WITH ONE TO THE CS DEPARTMENT, ONE FOR RECORDS AND REGISTRATION, AND ONE FOR THE STUDENT.