## 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>Deliver Form to</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergrad</td>
<td>05-589</td>
<td>Vincent Aleven</td>
<td>Indra Danti</td>
<td>NSH 3531</td>
</tr>
<tr>
<td>Undergrad</td>
<td>05-588</td>
<td>Vincent Aleven</td>
<td>Indra Danti</td>
<td>NSH 3531</td>
</tr>
<tr>
<td>Graduate (M)</td>
<td>05-689</td>
<td>Nicole Willis</td>
<td>Nicole Willis</td>
<td>SCRG 209</td>
</tr>
<tr>
<td>Graduate (M)</td>
<td>05-688</td>
<td>Nicole Willis</td>
<td>Nicole Willis</td>
<td>SCRG 209</td>
</tr>
<tr>
<td>Graduate (PhD)</td>
<td>05-689</td>
<td>Scott Hudson</td>
<td>Queenie Kravitz</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 __________________________

**HCI Program Advisor**

Signature __________________________ Date __________________________