

# Individualized Concentration

## *Computer Science and Computer Science & Engineering*

Student Name: \_\_\_\_\_

PS#: \_\_\_\_\_

Course Number	Course Name	Number of Credits

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dr. Robert McCartney: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_

Date: \_\_\_\_\_