

**SCHOOL OF COMPUTING  
CP3108A/B: INDEPENDENT WORK (IW)**

**APPLICATION FORM**

<b>Application for: (please choose <u>one</u> only)</b>	<input type="checkbox"/> CP3108A: Independent Work (5 hours/week) – 2MCs <input type="checkbox"/> CP3108B: Independent Work (10 hours/week) – 4MCs <input type="checkbox"/> Extend CP3108A into CP3108B (5 hours/week)  <i>CP3108A will not be recorded in the university system until you submit the request for completion form in order to allow you to extend it to CP3108B in future semesters.</i>
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APPLICANT'S DETAILS	
Name:	Matriculation Number:
NUSNET Email: .....@nus.edu.sg	Alternative Email:
Department:	Faculty:
Contact Number: .....(H) ..... (H/P)	Year of Study: 1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> *
Other team members if part of a team:	

*\*Delete whichever not applicable*

INDEPENDENT WORK DETAILS	
Academic Advisor: <i>(Applicable to SOC students only)</i>	Technical Consultant(s)*: <i>(optional)</i> <i>*Must be SOC staff</i>
Description of Activity	<i>Please provide details on a separate sheet(s). The project objectives, extent of participation and expected benefits from the project has to be stated. The same attachment may be used for all members of a team project.</i>
<u>Project Duration:</u>  Project Start Date:  Targeted End Date:  Proposed Schedule:  <i>The project report and documentation must be submitted by the first day of reading week in order for the work to be credited for the semester.</i>	<i>Please provide detailed schedule (in terms of number of hours to be spent on various tasks, eg: planning, writing programme, implementation, testing, etc) on separate sheets(s). The same attachment may be used for all members of a team project.</i>

*Note: Please send this form, together with your attachments for the detailed project descriptions and schedule, via email to Ms Ang Jia Ying (com[ajy@nus.edu.sg](mailto:ajy@nus.edu.sg))*

_____ Signature of Student / Date	_____ Signature of Advisor / Date
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To be completed by Faculty IW Representative:

( ) Approved                      ( ) Not Approved *(please state reason in comments box below)*

Comments:

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Name / Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Official Use:*

Approval No: IW - \_\_\_\_\_

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