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

<u>APPLICATION FORM</u>

Application for: **(please choose <u>one</u> only)**	( ) CP3108A: Independent Work (70~100 hours) – 2MCs ( ) CP3108B: Independent Work (130~200 hours) – 4MCs ( ) Extend CP3108A into CP3108B *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.*

APPLICANT'S DETAILS	
Name:	Matriculation Number:
NUSNET Email: ……….…….………@nus.edu.sg	Alternative Email:
Department:	Faculty:
Contact Number: …………...(H) …………… (H/P)	Year of Study: 1st / 2nd / 3rd / 4th *
Other team members if part of a team:	

Delete whichever not applicable

INDEPENDENT WORK DETAILS	
Academic Advisor: *(Applicable to SOC students only)*	Technical Consultant(s)*: *(optional)* *Must be SOC staff*
Description of Activity The scope of the project should be clear and specific. i.e. Identifying at least 1 specific area of focus within the field of study.	*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.*

<u>Project Duration:</u>
 	
   Project Start Date:
 	
   Targeted End Date:
 	
   Proposed Schedule:
 	
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.
	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.

Note: Please send this form, together with your attachments for the detailed project descriptions and schedule, via email to Ms Sue-Ann Loke (saloke@nus.edu.sg)

_____ Signature of Student / Date	_____ Signature of Advisor / Date

To be completed by Faculty IW Representative:

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

Comments:

_____

_____

_____

Name / Signature:_____ Date: _____

For Official Use:

Approval No: IW - _____

Date: _____