INSTITUTE FOR COMPUTATIONAL ENGINEERING & SCIENCES
ODEN

CSE Certificate - Scientific Computing Project Approval Form

Student name _____ EID _____
(last name, first name)

Major _____

Proposed Project Semester _____
(e.g. Fall 2025)

Supervising Professor

Name _____

Department _____

Project supervisor must be a member of the Oden Institute Affiliated Faculty

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Project Description

Course to be taken:

- ☐ CSE 370
- ☐ Other _____ (specify course #)

CSE 370 OR any 3 credit, advanced undergraduate level individual instruction course in a participating department.

Signatures

Supervisor _____ Date _____

Student _____ Date _____

CSE 370 is offered on pass/fail basis only.

Signed form must be submitted to Certificate Coordinator at certificate@oden.utexas.edu