iSchool Creative, Innovative & Research Experience Approval (ISTE-498)

Rochester Institute of Technology

Golisano College of Computing and Information Sciences

Last Name:		First Name:		M. I:		
Student ID:	RIT e-m	ail address:	Degree Prog	gram:		
Title		Term CIR will occur:				
		Oversight Responsibility: Organization/Position: Phone/Email:				
Complete the application by expand	ding the s	ections below and attaching su	pporting docu	uments as needed.		
DESCRIPTION OF PROPOSED CIR						
(A project proposal or statement of need describing the project, including rationale)						
(The initial plan of work with a schedule and demonstrable milestones, and expected tangible deliverables						
at the end of the experience.)						
CIR JUSTIFICATION						
(A statement by the applicant des	_					
the applicant's post-graduation goals. Include discussion of how the proposed CIR will require the applicant to practice specific program outcomes of the applicant's degree program.)						
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OVERSIGHT RESPONSIBILITY (A statement of support from the individual responsible for the applicant's oversight. Oversight responsibility includes monitoring the progress of the student during the CIR period and providing evaluative feedback on the student's work via RIT's Co-op evaluation system.)						

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Signature of St	udent:			
Approval/Over	rsight Responsibility:			
Approval/Und	ergraduate Program Director:			
Copies to:	Student's Home Dept.	Oversight Sponsor	Student	