PETITION AND AUTHORIZATION FOR DIRECTED STUDY
ECE 5990
(M.S. Plan A. Student Only)
1-4 Credits (Maximum 4)

This form must be signed by your instructor, thesis advisor, and the department graduate director. After receiving approval, submit to Mary Jo Vagts in Rm 3116 for banner override and registration instructions.

Student Name: __________________________ PID: _________________________
Day time Phone Number: ___________________ Cell Number: ___________________
Email Address: __________________________________________________________
Request permission to register for ECE5990 for _______ hours of credit to be earned through Directed Study for the term ________________. Credit hours already earned in this course ________.

DESCRIPTION OF STUDY: (Discuss with instructor BEFORE defining nature, scope and significance.)

Grade Determination (Check all that apply):
[ ] Written Report       [ ] Written Examination       [ ] Intensive Oral Examination

INSTRUCTOR’S APPROVAL: I approve the above directed study, and can give the necessary time to direct the work.

Student’s Signature: ___________________________ Department: ___________
Instructor’s Name: _______________________________________________________
Instructor’s Signature: ___________________________________________________
Thesis advisor’s Name: ____________________________________________________
Thesis advisor’s signature_________________________________________________
Department Graduate Director’s Signature: ___________________________ Date: ___________