PETITION AND AUTHORIZATION FOR DIRECTED STUDY
ECE 7990
(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 ECE7990 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: ____________