PETITION AND AUTHORIZATION FOR DIRECTED STUDY
ECE 5990
1-4 Credits (Maximum 4)

This form must be signed by your instructor (advisor for directed study) 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 Signature: _______________________(PRINT NAME)__________________
Department Graduate Director’s Signature: __________________________ Date: _____________