PETITION AND AUTHORIZATION FOR RESEARCH
ECE 7996
1-8 Credits (Maximum 8)

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 ECE7996 for ________ hours of credit to be earned through Research 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 research, 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: __________