PETITION AND AUTHORIZATION FOR CE 4990 - Directed Study
(Undergraduate Students ONLY)

This form must be filled out completely and signed by your instructor (advisor for the Directed Study) and the department chairperson. After receiving approval, submit the form to Elizabeth Kondrat (Room 2163) for override and registration instructions.

STUDENT’S PETITION TO ADVISOR:

Student Name: ____________________________ ID#: __________________
I request permission to register in CE 4990 with CRN __________ for ______ credit hours to be earned for the semester of ___________________________ . Date study is to be completed: __________________________

DESCRIPTION OF STUDY (with instructor, define the nature, scope and significance. Attach additional sheet if necessary):

Assessment(s) used to determine grade (Check all that apply):
[ ] Written Report  [ ] Written Examination  [ ] Other (please specify): __________________________

INSTRUCTOR’S APPROVAL: I approve the above Directed Study and can give the necessary time to direct the work.

Instructor’s Name (PRINT): ____________________________
Instructor’s Signature: ____________________________ Date: _____________
Student’s Signature: ____________________________ Date: _____________
Dept. Chair’s Signature: ____________________________ Date: _____________