This form must be filled out completely and signed by your instructor (advisor for the directed study/research) and the department Graduate Program Officer. 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 (please circle one: CE 7990 or CE 7996) with CRN ________ for ________ credit hours to be earned for the semester of ________________. I have already earned ________ credits in this course (Maximum 12 credits). 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/Research and can give the necessary time to direct the work.

Instructor’s Name (PRINT): __________________________________________
Instructor’s Signature: __________________________________________ Date: __________

Student’s Signature: __________________________________________ Date: __________

Graduate Program Officer’s Signature: ____________________________ Date: __________