PETITION AND AUTHORIZATION FOR GRADUATE DIRECTED STUDY OR RESEARCH  
CE 7990 or 7996

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 Hill (Room 2163) for override and registration instructions.

STUDENT'S PETITION TO ADVISOR:
Student Name: ____________________________ ID# ____________________________ 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.
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: __________