PETITION AND AUTHORIZATION FOR DIRECTED STUDY
ECE 5990
(M.S. Plan A. Student Only)
1-4 Credits (Maximum 4)

This form must be signed by your instructor, thesis advisor, and the department graduate director. After receiving approval, submit to ECE front desk for banner override and registration instructions.

Student Name: __________________________ PID: ______________
Day time Phone Number: ______________________ Email Address: ______________@wayne.edu

I 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 will be based on your written report.

INSTRUCTOR’S APPROVAL: I approve the above directed study, and can give the necessary time to direct the work.

Student’s Signature: __________________________
Department: Electrical & Computer Engineering
Instructor’s Name: __________________________
Instructor’s Signature: __________________________
Thesis advisor’s Name: __________________________
Thesis advisor’s signature_____________________
Department Graduate Director’s Signature: ________________ Date: ________________