Date: __________________________

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 Emily Reetz in Rm 3116 or via email at eretz@wayne.edu 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 (Check all that apply):
[ ] Written Report [ ] Written Examination [ ] Intensive Oral Examination

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: ________________