

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 ECE front desk for banner override and registration instructions.**

Student Name: \_\_\_\_\_ PID: \_00\_\_\_\_\_

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: \_\_\_\_\_