PETITION AND AUTHORIZATION FOR DIRECTED STUDY
ECE 7990
(PhD Students 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 ECE 7990 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 __________ 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:_________