Date:_____________________

PETITION AND AUTHORIZATION FOR DIRECTED STUDY
ECE 7990
(M.S. Plan A. & 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 Emily Reetz in Rm 3116 or via email at ereetz@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 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 (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:__________