PETITION AND AUTHORIZATION FOR Master’s Thesis Research and Direction
ECE 8999
1-8 Credits (Maximum 8)

This form must be signed by your thesis advisor and the department graduate director. After receiving approval, submit to Mary Jo Vagts in Rm 3116 for banner override and registration instructions.

Student Name: __________________________ PID: ___________________
Day time Phone Number: ___________________ Cell Number: ________________
Email Address: ____________________________
Request permission to register for ECE8999 for __________ hours of credit to be earned through Master’s Thesis for the term ________________. Credit hours already earned in this course ____________.

Grade Determination (Check all that apply):
[ ] Written Report [ ] Written Examination [ ] Intensive Oral Examination

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

Student’s Signature: __________________________ Department:_____________
Instructor’s Signature: ______________________ (PRINT NAME) ___________
Department Graduate Director’s Signature: __________________________ Date:_________