



ELECTRICAL AND COMPUTER
ENGINEERING DEPARTMENT

Date: _____

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: _____