

Date: \_\_\_\_\_

**PETITION AND AUTHORIZATION FOR Master's Thesis Research and Directions**  
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 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 ECE8999 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.)

**INSTRUCTOR'S APPROVAL:** I approve the above directed study, and can give the necessary time to direct the work.

Student's Signature: \_\_\_\_\_ Department: \_\_\_\_\_  
Instructor's Name (PRINT): \_\_\_\_\_  
Instructor's Signature: \_\_\_\_\_  
Thesis advisor's Name: \_\_\_\_\_  
Thesis advisor's signature \_\_\_\_\_

Department Graduate Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_