

**WAYNE STATE  
UNIVERSITY**  
COLLEGE OF ENGINEERING

**PETITION AND AUTHORIZATION FOR CE 4990- Directed Study  
(Undergraduate Students ONLY)**

**This form must be filled out completely and signed by your instructor (advisor for the Directed Study) and the department chairperson. After receiving approval, submit the form to Elizabeth Kondrat (Room 2163) for override and registration instructions.**

**STUDENT'S PETITION TO ADVISOR:**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

I request permission to register in CE 4990 with CRN \_\_\_\_\_ for \_\_\_\_\_ credit hours to be earned for the semester of \_\_\_\_\_. Date study is to be completed: \_\_\_\_\_

**DESCRIPTION OF STUDY** (with instructor, define the nature, scope and significance. Attach additional sheet if necessary):

**Assessment(s) used to determine grade (Check all that apply):**

☐ Written Report    ☐ Written Examination    ☐ Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTOR'S APPROVAL:** I approve the above Directed Study and can give the necessary time to direct the work.

Instructor's Name (PRINT): \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_