

Directed Study/Independent Coursework

Name _____ Student ID No. _____

Research Area: CE EP IDS E-Mail Address _____

Supervising Instructor's Name _____ Supervising Instructor's Dept: ECE AME BME MFG OTHER _____

Course Number EC900 EC991
 EC951 EC952

Records Office Only
Section Code: _____

No. of Credits _____

Year _____
Semester Fall Spring
 Sum 1 Sum2

Brief description of directed study/independent work:

(e.g., to conduct research in the field of ..., to prepare a thesis on..., to design a..., to fulfill requirements for [course #] independently, to study [subject matter] independently, etc.)

AND



Detailed summary of directed study/independent:

A one page proposal or detailed summary of goals, signed and dated by your supervising instructor must be attached to this form.

Student's Signature _____ Date _____

Supervising Instructor's Signature _____ Date _____

Departmental Approval _____ Date _____

Return completed form and proposal page/detailed summary to ECE Academic Program Manager