

## 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