

## AUTHORIZATION FOR RESEARCH

CHE/MSE 8996

This form must be signed by your thesis advisor. (Master's students must also obtain the signature of the department Graduate Program Officer). After receiving approval, submit to Tracy Castle via email at [tfcastle@wayne.edu](mailto:tfcastle@wayne.edu) for banner override and registration instructions.

Student Name: \_\_\_\_\_ Access ID: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I request permission to register for CHE 8996 \_\_\_\_ MSE 8996 \_\_\_\_ Semester: \_\_\_\_\_

Hours of credit should be estimated conservatively before the student registers. The appropriate amount of credit cannot always be determined in advance, but in no case should an hour of credit be certified for less than an anticipated 30 to 40 clock hours of effective and intensive work.

Credit Hour Amount: \_\_\_\_\_

Credit hours already earned/registered for in past semesters in this course: \_\_\_\_\_

DESCRIPTION OF STUDY: (Discuss with instructor BEFORE defining nature, scope and significance.)

1. Course or project outline:

2. Manner in which the course will be evaluated (oral or written report, examination, essays, etc)

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

Thesis advisor's Name: \_\_\_\_\_

Thesis advisor's signature: \_\_\_\_\_

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

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

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

(required for MS students)