

AUTHORIZATION FOR THESIS RESEARCH

CHE/MSE 8999

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 for banner override and registration instructions.

Student Name: _____ Access ID: _____

Email Address: _____@wayne.edu

I request permission to register for CHE 8999 for _____ hours of credit to be earned through Thesis Research for the term _____. Credit hours already earned/registered for in past semesters in this course _____.

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

Grade Determination will be based on your **written report**

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

Student's Signature: _____

Department: Chemical Engineering and Materials Science

Thesis advisor's Name: _____

Thesis advisor's signature _____

Department Graduate Director's Signature: _____ Date: _____ (only required for MS students)