

Date: _____

PETITION AND AUTHORIZATION FOR DIRECTED STUDY

ECE 5990

(M.S. Plan A. Student Only)

1-4 Credits (Maximum 4)

This form must be signed by your instructor, thesis advisor, and the department graduate director. After receiving approval, submit to ECE front desk for banner override and registration instructions.

Student Name: _____ PID: _00 _____
Day time Phone Number: _____ Email Address: _____@wayne.edu

I request permission to register for ECE5990 for _____ hours of credit to be earned through Directed Study for the term _____. Credit hours already earned 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 directed study, and can give the necessary time to direct the work.

Student's Signature: _____

Department: Electrical & Computer Engineering

Instructor's Name: _____

Instructor's Signature: _____

Thesis advisor's Name: _____

Thesis advisor's signature _____

Department Graduate Director's Signature: _____ Date: _____