

Date: _____

PETITION AND AUTHORIZATION FOR Master's Thesis Research and Directions
ECE 8999
1-8 Credits (Maximum 8)

This form must be signed by your 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 ECE8999 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.)

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

Student's Signature: _____ Department: _____
Instructor's Name (PRINT): _____
Instructor's Signature: _____
Thesis advisor's Name: _____
Thesis advisor's signature _____

Department Graduate Director's Signature: _____ Date: _____