Date: ______________________

PETITION AND AUTHORIZATION FOR DIRECTED STUDY
ECE 4990
1-4 Credits (Maximum 4)

This form must be signed by your instructor (advisor for directed study) and the ECE Undergraduate Director. After receiving approval, submit to Keith Wadley in Rm 2129 for banner override and registration instructions.

Student Name: ________________________ PID: ______________________
Day time Phone Number: ________________________ Cell Number: _____________
Email Address: ____________________________

Request permission to register for ECE4990 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.)

This course is used for [ ] elective [ ] other ______________________________

Lab credits: _______ Explain Lab component: ______________________________

Grade Determination (Check all that apply):
[ ] Written Report[ ] Written Examination [ ] Intensive Oral Examination

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 Signature: _______________________(PRINT NAME) ___________________________
ECE Undergraduate Director’s Signature: ___________________________ Date: ___________