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 Mary Jo Vagts in Rm 3116 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: ____________