Application to Elect an ECE 4900 Independent Study Course

Name_________________________________________ WIN________________ GPA________________

Local Address__________________________________________________________________________ Phone_____________________

Semester to Enroll: Fall 20____  Spring 20____  Sul 20____  Sull 20____  Hours___________

Description of Project
Write a specific statement concerning your readings, study, or project. Bound the problem such that it is possible to complete it within one semester. Provide a time schedule with respect to completion of specific segments of your undertaking.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Write a statement which is mutually agreed to by you and the instructor concerning the method of evaluation. Upon agreement of all signed parties, this statement constitutes the contacted basis for the work to be completed and evaluated. A written report is required.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

A grade will be issued by the instructor upon receipt of all required materials.

1. Student’s Signature_________________________________________ Date______________________

2. I have conferred with the student and I will supervise their work.
   Instructor’s Signature_________________________________________ Date______________________

3. TO BE COMPLETED BY THE ACADEMIC ADVISOR:
   Credit will be used for a(n)________________________________________
   Academic Advisor’s Signature____________________________________ Date____________________
   Department Chair’s Signature____________________________________ Date____________________