

**COLLEGE OF ENGINEERING & APPLIED SCIENCES
WESTERN MICHIGAN UNIVERSITY**

**APPLICATION TO ELECT:
GRAD INDEPENDENT STUDY (6570/6970/6980)**

Department: Course #: Course Title:
Name: WIN:
Local address:
Email address: Local phone #:

DESCRIPTION OF PROJECT

(Write a specific statement concerning your reading, 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. Include 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 contracted basis for the work to be completed and evaluated. A written report will be submitted.

Student's signature Date

I have conferred with the student and will supervise the student's work
Instructor's signature Date

To be completed by the student's academic advisor:
 An elective course in the student's program
 A course in excess of required courses for graduation

Advisor's signature Date

Chairperson's signature Date

TO BE USED AT REGISTRATION AS "WRITTEN CONSENT" TO ENROLL IN THE COURSE, THIS FORM MUST BE COMPLETED AND SIGNED BY ALL PARTIES.