

WAYNE STATE
UNIVERSITY
COLLEGE OF ENGINEERING

**PETITION AND AUTHORIZATION FOR GRADUATE DIRECTED STUDY OR RESEARCH
CE 7990 or 7996**

This form must be filled out completely and signed by your instructor (advisor for the directed study/research) and the department Graduate Program Officer. After receiving approval, submit the form to Elizabeth Hill (Room 2163) for override and registration instructions.

STUDENT'S PETITION TO ADVISOR:

Student Name: _____ ID# _____ request permission to register in
(please circle one: CE 7990 or CE 7996) with CRN _____ for _____ credit hours to
be earned for the semester of _____. I have already earned _____ credits in this course.
Date study is to be completed: _____

DESCRIPTION OF STUDY (with instructor, define the nature, scope and significance. Attach additional sheet if necessary):

Assessment(s) used to determine grade (Check all that apply):

Written Report Written Examination Other (please specify):

INSTRUCTOR'S APPROVAL: I approve the above Directed Study/Research and can give the necessary time to direct the work.

Instructor's Name (PRINT): _____

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Graduate Program Officer's Signature: _____ Date: _____