PETITION AND AUTHORIZATION FOR DIRECTED STUDY

CHE/MSE 7990

(Master's Students Only)

Access ID:

1-6 Credits

This form must be signed by your instructor, thesis advisor, and the department graduate director. After receiving approval, submit to Tracy Castle via email at tfcastle@wayne.edu for banner override and registration instructions.

Student Name:

Email Address:		
I request permission to register for CHE7990	MSE 7990	Semester:
Hours of credit should be estimated conservatively before the advance, but in no case should an hour of credit be certified		
Credit Hours:		
DESCRIPTION OF STUDY: (Discuss with instructo	or BEFORE preparing pet	ition.)
1. Course or project outline:		
2. Manner in which the course will be evaluated	d (oral or written report,	, examination, essays, etc)
INSTRUCTOR'S APPROVAL: I approve the above Instructor's Name: Instructor's Signature: Thesis advisor's Name: Thesis advisor's signature:	e directed study, and car	n give the necessary time to direct the work. Date: Date:
Department Graduate Director's Name/Signatu	ire:	Date: