

INDEPENDENT STUDY / DIRECTED RESEARCH CONTRACT

Name: _____ U#: _____
Address: _____ Email: _____
_____ Phone: _____

Course: EML _____
Credit Hours: _____
Semester: _____
Faculty: _____

Describe your Project: _____

Have you taken an Independent Study or Directed Research course previously? If so,
Semester/Year: _____
Credit Hours: _____
Faculty: _____

Note: Hours earned as Independent Study credit may only be used towards graduation if approved by the Department Chair. Any hours of Independent Study used as a technical elective must contain a reasonable amount of engineering design.

The student, by signing this contract, agrees to carry out the project described above under the guidance and requirements of the faculty member signing this form.

Student Signature

Date

Faculty Signature

Date

Approved by Graduate Program Director

_____ **Yes** _____ **No**

Graduate Program Director Signature

Date