APPLICATION FOR GRADUATE RESEARCH
(S/U Grading Only)

*Must be submitted within the first 10 class-days of the semester*

1. SEMESTER REQUESTED (place an “X” by desired semester of study—one per request)

   ___Fall  ___Spring  ___Summer I  ___Summer II  ___Ten Week Summer  _______ Year

2. STUDENT NAME: ___________________________     ___________________     ______

   Please Print

   (Last Name)     (First name)     (M.I.)

3. Student ID: _________________________  Student Email: ___________________________

4. Course Number and Number of Credits: **See ECE Graduate Handbook page 6 if in doubt

   MASTER’S:
   _____ECE 695 THESIS RESEARCH  _____Number of Credits
   _____ECE696  THESIS RESEARCH (SUMMER)  _____Number of Credits
   _____ECE 699 THESIS PREPARATION  _____Number of Credits

   DOCTORAL:
   _____ECE 895 DISSERTATION RESEARCH  _____Number of Credits
   _____ECE896 DISSERTATION RESEARCH (SUMMER)  _____Number of Credits
   _____ECE 899 DISSERTATION PREPARATION  _____Number of Credits

5. Section Number__________ Check Registration and Records course listing for semester. (If no section number appears for your advisor, a number will be assigned by the Director of Graduate Programs)

6. Description of Individual Studies:
   (Must be described in specific detail. A title or phrase is not sufficient. The requirements should justify the credits to be earned.)

7. Criteria to be used to evaluate student’s performance (e.g., written report, oral presentation, documented computer code, exam, etc.).

8. Print Instructor’s Name: _______________________  Office Location: ______

   Approved____________________________________ Date__________________

   Signature of Instructor

   Approved____________________________________ Date__________________

   Signature of Director of Graduate Programs - ECE