INDEPENDENT STUDY COURSE CONTRACT (EECE 6995)

The contract must be approved before registering for the course EECE 6695. Please attach this sheet, along with any additional materials and the “Approval for Independent Study Course 6995” form, and turn it into the EECE office or Director of Graduate Studies.

Student_________________________________________________MUID#____________________________________________________
Last Name   First Name    M.I.

Term in which this course is to be taken____________________________________________________

MS or PhD ___________ GPA ___________(normally a minimum GPA of 3.25 is required)

Independent Study course credit hours earned to date___________________________________________

Course Director _____________________________Advisor____________________________________________________

Number of credit hours for this course_____________________________________________________

Title of course________________________________________________________________________

Objective of course*  __________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Plans for implementing objective (Include location of laboratory work, laboratory instruments, and materials used, and/or texts)*

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Number of hours/week to be devoted to this course___________________________________________

Number of meetings planned with course director____________________________________________

Means to be used for final evaluation of work (design report, term paper, test, etc – copy of work to be maintained by course director for minimum of one year) *

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signatures: Student _________________________________________________ Date_________

Course Director __________________________________________ Date_________

Advisor _________________________________________________ Date_________

Director of Graduate Studies ________________________________ Date_________

*Use additional sheets if necessary. Alternatively, a separate course outline or syllabus may be attached.

Revised May 2010 MTJ