

Graduate Individual Study & Project Form

(To be completed by the student and supervising faculty member)

Student Name: _____ Student ID #: _____

Student Email Address: _____ Degree Program: _____

Supervising Instructor: _____

Course Title/Topic: _____

Credit Hours: _____ Term: _____

Please select which one you are completing: Individual Study MS Project

How will this course apply to your plan of study?

Course substitution for _____ (please list course)

Elective

MS Project

Expected Student Learning Outcomes/Objectives:

Grading/Evaluation Criteria:

Assignments (readings, description of assignments, etc.):

Brief Description (if for MSEE Project):

Student Signature Date

Supervising Instructor Signature Date