

Graduate Individualized Study & Project Form
ECGR 6890/8890

(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 how this will count towards your plan of study:

- ☐ Breadth/Depth? Please list focus area: _____
- ☐ Elective
- ☐ MS Project
- ☐ ECGR 6890 or ECGR 8890

1. Expected Student Learning Outcomes/Objectives:

2. Assignments, Grading, & Evaluation. **Please attach a detailed syllabus.**

3. Brief Description (if for MSEE/MSCPE Project); Justification (if substitution or elective):

Supervising Instructor Signature Date

Student Signature Date