ECE GRADUATE STUDENT ENROLLMENT AUTHORIZATION FORM

Use this enrollment authorization form to enroll in independent study and research courses (ECE 699, 790, 890, 990, or 999).

Last Name: ________________________________________________________________

First Name: ________________________________________________________________

10-Digit Student ID Number: _________________________________________________

Email Address: ______________________________________________________________

Semester and Year: Spring___________ Summer___________ Fall___________

3-Digit Course Number: (ie: 699, 790, etc.): ______
   ECE 699 Advanced Independent Study
   ECE 790 Master’s Research or Thesis
   ECE 890 Pre-Dissertation’s Research
   ECE 990 Research or Thesis: Dissertation Status
   ECE 999 Advanced Independent Study

Professor’s Name: ___________________________________________________________

3-Digit Professor Section Number (not call number): ______

(Section numbers and other timetable information can be found in Class Search in your Student Center. Section numbers are also posted on the door of the ECE Graduate Student Services office).

Professor’s Signature: _______________________________________________________

PLEASE RETURN THIS FORM TO ECE GRADUATE STUDENT SERVICES OFFICE (1150 EH) FOR PROCESSING. You will receive an email when you have been given authorization to enroll.

01-20-2015 MR