

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-Dissertator's Research

ECE 990 Research or Thesis: Dissertator 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 online at: <http://registrar.wisc.edu/timetable/>).

Section numbers are also posted on the door of 2304a EH).

Professor's Signature: _____

PLEASE RETURN THIS FORM TO 2304a EH FOR PROCESSING.
You will receive an email when you have been given authorization to enroll.