

Department of Electrical Engineering

Graduate Contract Directed Study/Special Problems/Thesis

Name:

EUID:

First

Middle

Last

Email:

Phone:

Address:

Course

Prefix

Number

Session

Course Title

Semester

Year

Number of Credit Hours:

Statement of Proposed Work *(Failure to complete the proposed work will result in an incomplete grade)*

Student Signature

Date

Approved:

Instructor

Graduate Program Director

Copies: Major Professor, instructor, if different than Major Professor. Original is filed in student's academic folder.