SUPERVISON COURSE APPROVAL

Department of Electrical & Computer Engineering

Please complete this form for authorization to register for a restricted supervision course (Senior Project, Masters Project or Independent Study). Obtain the signature of your supervisor and the department chair, and then return the completed form to the department office. Upon receipt of the complete form, a schedule number will be issued to you. You must then register for the course using the Telephone/Web registration system by the end of the second week of instruction.

Name: _____ **Peoplesoft ID#** _____
Last **First**

Home #_____**Cel** _____**Wrk**_____**email**_____

Major_____ **Semester**_____ **Course**_____**Apprvd Units**_____

Project Title: _____

Start Date: _____ **Completion Date:** _____

Description of Project: _____

_____

_____

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_____

_____
Student Signature **Date**

Approval:

_____
Project Supervisor **Date**

_____
Department Chair/Coordinator **Date**

Office Use Only:

_____ _____
Schedule Number **Initials**

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