

**MILWAUKEE SCHOOL OF ENGINEERING
ELECTRICAL ENGINEERING AND COMPUTER SCIENCE DEPARTMENT**

INDEPENDENT STUDY REQUEST

Date: _____ requests to enroll in:
(Student Name)

____ BE-4980 Independent Study for _____ credits

____ CE-499 Independent Study for _____ credits

____ CS-4999 Independent Study for _____ credits

____ EE-499 Independent Study for _____ credits

____ EE-799 Independent Study for _____ credits

____ SE-4999 Independent Study for _____ credits

Project faculty advisor will be: _____

Registration will be for the _____ quarter.
Note: ALL work will be completed during this quarter.

Project Title: _____

Attach to this form:

- Student learning outcomes
- Description of the project or course of study
- Proposed method of solution
- Deliverables, with due dates
- Grading criteria (as discussed with faculty advisor)

NOTE: Form must be completed prior to the 8th week preceding the quarter of enrollment and presented at time of registration.

Approved by:

Faculty Advisor

COPIES TO: Registrar's Office
Faculty Advisor
Student
Program Director
EECS Office

Program Director

EECS Department Chair

Note that independent studies scheduled for summer terms are approved only in extraordinary circumstances.