

**E44 EECE 500 – Independent Study
Masters Student Petition
Energy, Environmental and Chemical Engineering Department
Washington University in St. Louis**

Independent Study petitions are generally considered in the semester preceding the Independent Study experience. In no case will registration for an Independent Study be approved after the last day to add a class in that semester. Students should be aware that there are a maximum number of Independent Study credits that can be counted towards course credit for degree requirements. At most, 6 units of coursework may be taken as graduate Independent Study and may be performed under someone other than a student's adviser.

The student should prepare a proposed plan of study to be completed, and this plan must be described and approved by the Independent Study instructor, student's adviser, and Department Chair for the Independent Study credits to count toward the 30 required units of coursework for the MEng in EECE and 36 units required for MS in EECE.

Upon completion of the form, print and obtain required signatures, and return to Irma Adams, EECE Office, Brauer 1015.

NOTE:

The EECE Office must receive this request 5 working days prior to the last day to add a course.

Name: _____

Date Submitted: _____

Student ID: _____

Credits Requested: _____

Email: _____

Degree Program: _____

Phone: _____

Requested Semester: _____

Independent Study Proposal

Complete the sections below or attach separate pages that provide the information for each of the five sections.

A. Independent Study Summary Description:

B. Learning Objective of the Independent Study:

C. Methodology to be used in Conducting the Independent Study:

D. Criteria for Measuring the Degree to which Learning Objectives are met:

E. Schedule Criteria (meeting requirements, project milestones, etc.):

Independent Study Petition

Signatures and Approvals

Student

Signature of Petitioning Student

Printed Name of Student

Faculty Sponsor Approved ____ Disapproved ____ Date _____

Signature of Faculty Sponsor

Printed Name of Faculty Sponsor

Student's Advisor Approved ____ Disapproved ____ Date _____

Signature of Student's Advisor

Printed Name of Student's Advisor

Department Chair Approved ____ Disapproved ____ Date _____

Signature of Department Chair

PRATIM BISWAS
Printed Name of Department Chair

Number of Approved Units