MECHANICAL ENGINEERING ME/MSE INDEPENDENT STUDY COURSE REGISTRATION FORM
For Industrial Internship, Independent Study, Projects, Teaching & Research Asst, Thesis, & Dissertation

This form must be used to register for any Graduate Level Mechanical Engineering Independent Study course. It is the student’s responsibility to secure all information and signatures required. **IF ANY PORTION OF THIS FORM IS LEFT UNFILLED IT WILL BE RETURNED TO YOU AND YOU WILL NOT BE REGISTERED IN THE SYSTEM FOR THIS COURSE.** You are liable for tuition charges and you must add, change, or drop this course within the legal dates as stated in the Schedule of Classes. If you are taking two or more of the same course (e.g., two CS 97s), please note this in the appropriate space on this form.

**NOTE:**
✓ Students must see their faculty adviser for additional paperwork (ME 597 & ME 697) and signatures.
✓ Return this FULLY COMPLETED form to the Department Graduate Secretary.
✓ A DARS exception form will be required if using this experience as a professional or technical elective.
✓ Independent Study courses from other departments must be processed through the appropriate departmental office in those schools.

<table>
<thead>
<tr>
<th>STUDENT B NUMBER</th>
<th>Student Name: ___________________________ Date: ___________________________</th>
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<td>Email: ____________________________________________________________________</td>
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**Action to be taken:** □ Add  □ Change  □ Drop

☐ I need to maintain Full Time Status.  I am: □ Course Complete  □ ABD  I am: □ Funded  □ Non-Funded

☐ In addition to the ___ credit below, please sign me up for ____ Full Time Credits (GRN 700 or GRN 701)

Purpose for which FTC is requested: □ Loan Deferral, □ Loan Application, □ Immigration Status, □ Pilot Project

Course rubric and number: ___________________________  Credit Hours: _______  CRN: ___________________________

Grade Option: □ Normal  Semester: □ Fall  □ Summer  Year: 20____  □ P/F or S/U  □ Spring  □ Winter

☐ Check here if this is a second Independent Study with same instructor and course number, in the same semester

TITLE OF INDEPENDENT STUDY or Applicable Internship (optional):
Limit of 30 characters: please be descriptive and abbreviate as necessary. The title you assign will appear on your OFFICIAL University transcript.

INSTRUCTOR APPROVAL

INSTRUCTOR: (please print) ___________________________ INSTRUCTOR SECTION CODE NUMBER: ___________________________

INSTRUCTOR SIGNATURE: ___________________________ DATE: ___________________________

Department Approval (if required): ___________________________ DATE: ___________________________

OFFICE USE ONLY
DATE POSTED___________________
BY______________________________
(person posting course to student’s schedule)

Rev. 12/15