

GRADUATE RESEARCH CONTRACT

This form applies to all Mechanical Engineering graduate level independent study or thesis.

Name: _____

U#: _____

Email: _____

Sel H F W & R X U V H

How many credit hours: _____

Semester: _____

Faculty Name: _____

Describe your Project: _____

Note: Hours earned as Independent Study credit may only be used towards graduation if approved by the Department Chair. Any hours of Independent Study used as a technical elective must contain a reasonable amount of engineering design.

The student, by signing this contract, agrees to carry out the project described above under the guidance and requirements of the faculty member signing this form.

Student Signature

Date

Faculty Signature

Date (I041 Tw2.00-1.7 0.05)5.1 (c)PJ 0e.7 (o