

ME 180 – Individual Study

Date: _____

To: Department Chair

From: _____
(Student Advisor)

_____ desires to register for _____ units
(Name of Student)

of ME 180 under my direction for the _____ semester.

SID #: _____ Student's GPA: _____

Short
Description
and Plan for
Approved
Study:

Materials
and/or
support
required:

(Professor)

(Date)

(Department Chair)

(Date)

Grade: _____
(Credit or No Credit)

Basis for Grading:
Reports: _____ %
Other: _____ %

(Professor's Signature)

(Date)