

APPLICATION FORM FOR ECE 597

Name: _____ Date: _____

Instructor: _____ Semester/Year: _____

UIN: _____ Email : _____ @illinois.edu

Course Credit: _____
(1 to 8 hours)

Outline of Proposed Work:

I accept this student in the above program.

Instructor _____

Advisor _____

INSTRUCTIONS TO THE STUDENT: Fill out your name and other data at the top of the form. Complete a rough outline of the material to be covered, working out the details of the outline with the instructor with whom the work is to be done. Have the instructor and your advisor sign this form. Return the completed form to the Graduate Advising Office (156 Everitt Lab.).