Milwaukee School of Engineering
Mechanical Engineering Department
IE- 499 Independent Study

Date: _____

Quarter Graduating: _____

Note to Student: This form **MUST BE** approved by the Faculty Project Advisor, IE Program Director and the ME Department Chair, and a copy submitted to the Registrar by the student when registering for this course.

To the Registrar: An IE-499 Independent Study Project has been approved for:

Name of Student(s): _____

_____

Name of Faculty Advisor: _____

Title: _____

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Proposal: _____

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Approved by:

_____
Faculty Project Advisor Date

_____
IE Program Director Date

_____
ME Department Chair Date

CC: Department Chair
Faculty Project Advisor
IE Program Director
Registrar