# Milwaukee School of Engineering
# Mechanical Engineering Department
# MT- 499 Independent Study

Date: _____

Quarter Graduating: _____

**Note to Student:** This form **MUST BE** approved by the Faculty Project Advisor, MT 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 MT-499 Independent Study Project has been approved for:

**Name of Student(s):** _____

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**Name of Faculty Advisor:** _____

**Title:** _____

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**Proposal:** _____

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**Approved by:**

_____
Faculty Project Advisor Date

_____
MT Program Director Date

_____
ME Department Chair Date

CC: Department Chair
Faculty Project Advisor
MT Program Director
Registrar