REQUEST FOR ACADEMIC CREDIT FOR
INDEPENDENT STUDY (IS)
{ESE 599/TCOM 599/ESE 899 (Ph.D)}

Electrical and Systems Engineering
Telecommunications and Networking

**Independent Study:** Designed to provide the student with a unique learning experience not achievable by ordinary course work. You must identify a member of the University’s Standing Faculty who is willing to direct your independent study and take responsibility for issuing your final grade. A maximum of one c.u. of ESE 599/TCOM 599 may be applied toward the MSE degree requirements. A maximum of two c.u.’s of ESE 899 may be applied toward the Ph.D. degree requirements.

Students must:

1. **Formulate** a proposal outlining the following:
   - Introduction;
   - Statement of the problem or objective of the study;
   - Results expected;
   - Manner of presentation of results (e.g. a final written report); and
   - References where appropriate.

2. **Meet** with your Independent Study (IS) Faculty Advisor to discuss the proposal. Discuss how the credit will satisfy your curriculum requirements. **NOTE:** The Advisor must include a short summary on the grading scheme to be used for the IS (i.e., what is expected from the student to receive an A, B, C).

3. **Submit** this completed and signed form to the Graduate Coordinator in Moore Bldg, Room 203. *A copy of the proposal and grading summary from advisor must accompany this form.*

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Today’s Date:_______________________

Name of Student:____________________________________ Penn ID:____________________________________

Email Address:____________________________________ Expected Graduation Term:_______________________

Major (Circle One): ☐ EE ☐ SE ☐ TCOM Independent Study Advisor Name:______________________________

Term to be Registered: ☐ Fall ☐ Spring ☐ Summer Year: 20_______

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INDEPENDENT STUDY FACULTY ADVISOR SIGN-OFF:

Signature:__________________________________________ Date:_______________________

Print Name:________________________________________ Email Address:______________________________

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FACULTY ADVISOR AND GRADUATE CHAIR SIGN-OFF:

Faculty Advisor Signature:____________________________ Date:_______________________

Graduate Chair Signature:____________________________ Date:_______________________