**REQUEST FOR ACADEMIC CREDIT FOR INDEPENDENT STUDY (IS)**

ESE 599 (Master’s)/ESE 899 (PhD)

**Electrical and Systems Engineering**

**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 may be applied toward the MSE degree requirements. A maximum of two c.u.’s of ESE 899 may be applied toward the PhD 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 esemast@seas.upenn.edu (ESE 599) or esephd@seas.upenn.edu (ESE 899). *A copy of the proposal and grading summary from advisor must accompany this form.*

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<th>Today’s Date:_______________________</th>
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<tbody>
<tr>
<td>Name of Student:________________________</td>
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<td>Email Address:________________________</td>
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<tr>
<td>Major (Circle One): EE SE TCOM</td>
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<td>Term to be Registered: □ Fall □ Spring □ Summer</td>
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**INDEPENDENT STUDY FACULTY ADVISOR SIGN-OFF:**

Signature:___________________________ Date:________________________

Print Name:________________________________________ Email Address:________________________

**FACULTY ADVISOR AND GRADUATE CHAIR SIGN-OFF:**

Faculty Advisor Signature:_________________________ Date:________________________

Graduate Chair Signature:_________________________ Date:________________________