

## GRADUATE RESEARCH CONTRACT

**This form applies to all Mechanical Engineering graduate level independent study or thesis.**

Name: \_\_\_\_\_

U#: \_\_\_\_\_

Email: \_\_\_\_\_

Select Course:

How many credit hours: \_\_\_\_\_

Semester: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Describe your Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: Hours earned as Independent Study credit may only be used towards graduation if approved by the Department Chair. Any hours of Independent Study used as a technical elective must contain a reasonable amount of engineering design.**

The student, by signing this contract, agrees to carry out the project described above under the guidance and requirements of the faculty member signing this form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

*Approval by Graduate Program Director/ Designee*

\_\_\_ Yes                      \_\_\_ No

\_\_\_\_\_  
Graduate Program Director/Designee

\_\_\_\_\_  
Date